

Feeding young children: the parents' dilemma

by

Dorothy McCartney, B.Sc (Hons), Grad. Dip. Nut. & Diet.

Submitted in Fulfilment of the Requirements

For the

Degree of Masters of Arts

School of Sociology and Social Work

University of Tasmania (Hobart)

2004

Abstract

There have been concerns expressed by health authorities, the media, parents and politicians that one in four Australian children are now overweight or obese and this could cause both short and long-term health problems. The causes of childhood obesity have been identified as poor diet and insufficient exercise. Australia has an affordable and healthy food supply and parents can readily access nutritional information, so why do parents allow their children to eat a diet that is unhealthy?

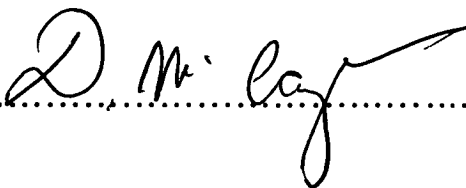
Food, eating and family relationships are complex areas encompassing many social and cultural issues. This thesis looks at feeding young children from the parents' perspective and examines why contemporary parents face dilemmas about feeding their children. It uses data from nine focus groups in a variety of rural and urban locations in Tasmania.

This study shows that parents find feeding young children confusing, frustrating and challenging. They cannot trust experts who provide impractical, often conflicting advice, but also they cannot rely on tradition, as so much has changed. Children are targeted as consumers which creates demands for "junk" foods but parents are responsible for their children's health and need to feed them the "right" foods while respecting their choices. Because parents have limited time, they need to use convenience foods but they have concerns about their nutritional value. There are complex processes of negotiation, compromise and coercion exerted on a daily basis by both parents and young children to ensure incorporation of their food preferences in the family's diet.

These parental dilemmas about feeding young children are socially constructed and as such, will not be resolved simply by providing more expert knowledge that parents find confusing and impractical. Trying to understand the considerable societal pressures and conflicting discourses that parents are subjected to around feeding young children, not only has the potential to influence the way that health professionals and policy makers deal with families but also provides insights into how everyday activities are affected by social forces.


Statement Of Authority Of Access

This thesis may be made available for loan and limited copying
in accordance with Copyright Act 1968

Dorothy McCartney.....

Declaration Of Originality

This thesis contains no material which has been accepted for a
degree or diploma by the university or any other institution. To
the best of my knowledge and belief, the thesis contains no
material previously published or written by another person
except where due reference is made in the text of the thesis.

Dorothy McCartney.....

Acknowledgements

This thesis is dedicated to my parents and family.

I would like to thank my family; Greg, Kim, and Matthew for the patience and tolerance they have shown when I was too busy to do things with them. I hope they think it was worth it. I would also like to thank my friends for their encouragement and support.

Thank you to all the parents who generously gave their time to discuss the issues around feeding young children. I hope that the result will help with understanding some of the complexities and frustrations involved with the difficult task of being parents in contemporary society.

To my various supervisors I am grateful. Dr Adrian Franklin helped open my eyes to the sociological possibilities around food and eating, Dr Gary Easthope encouraged me to persist and to keep writing, and Dr Douglas Ezzy displayed great patience and was able to provide good advice, encouragement and criticism to enable me to finish.

Also thanks to the Child Health Association and Playgroup Tasmania for permitting me to use the material I collected as part of consultations for the Family FoodPATCH Project; my fellow students and friends who listened to me, made many helpful suggestions, and encouraged me along the way; and to the other members of the School of Sociology and Social Work who gave help and support from time to time.

CONTENTS

Abstract	2
Statement Of Authority Of Access.....	3
Declaration Of Originality	3
Acknowledgements	4
CONTENTS	5
CHAPTER 1 INTRODUCTION.....	7
1.1 Introduction	7
1.2 The research questions	9
1.3 Thesis structure	10
CHAPTER 2 SOCIAL AND CULTURAL INFLUENCES ON FAMILY EATING.....	13
2.1 Introduction	13
2.2 The contribution from the medico-nutritional sciences	14
2.3 The contribution from psychologists.....	20
2.4 The contribution from anthropologists.....	22
2.5 Sociologists and family food.....	24
2.6 Socio-economic status and family food	25
2.7 Gender and family food.....	30
2.8 Lifecourse stages and family food.....	34
2.9 Ethnicity and family food.....	37
2.10 Children and family food	39
2.11 Family Meals.....	42
2.12 Discussion	47
CHAPTER 3 METHODOLOGY.....	48
3.1 Introduction	48
3.2 Features of methodology	49
3.3 Data collection.....	50
3.3.1 Focus groups	51
3.3.2 Questionnaires.....	53
3.4 Data analysis	53
3.5 Limitations of methodology	54
CHAPTER 4 FAMILY EATING IN A CHANGING WORLD	57
4.1 Introduction	57
4.2 Changes to Family Food	58
4.2.1 Introduction	58
4.2.2 The changing food system.....	59
4.2.3 Convenience foods	62
4.2.4 Food Advertising.....	66
4.2.5 Family income.....	72
4.2.6 Discussion	73
4.3 Changes to family eating.....	75
4.3.1 Introduction	75
4.3.2 Transition to parenthood	75
Role changes	75
Changes to parents' diets.....	78
4.3.3 Food rules	80

4.3.4 Intergenerational issues	84
4.3.5 Family time	86
4.3.6 Food-work	88
4.4 Discussion	90
CHAPTER 5 PARENTAL KNOWLEDGE ABOUT FEEDING YOUNG CHILDREN	94
5.1 Introduction	94
5.2 Sources of knowledge	95
5.3 The dilemma of conflicting knowledges	100
5.4 Health- related concerns	103
5.5 Discussion	111
CHAPTER 6 PARENTAL AND CHILD NEGOTIATIONS ABOUT FOOD	113
6.1 Introduction	113
6.2 Family Food Events	114
6.2.1 Breakfast	114
6.2.2 Lunches	115
6.2.3 Evening meals	118
6.2.4 Snacking	122
6.2.5 Discussion	124
6.3 Parental strategies	125
6.3.1 Direct use of parental power	125
6.3.2 Indirect use of parental power	127
6.4 Children's strategies	132
6.5 Discussion	136
CHAPTER 7 DISCUSSION	140
7.1 Introduction	140
7.2 Main findings	141
7.3 Links to social theory	141
7.4 Limitations of study	146
7.5 Applications and implications for further studies	147
7.6 Conclusions	150
APPENDIX 1	152
Letters of Permission to use data	152
REFERENCES	154

CHAPTER 1 INTRODUCTION

Children are our most valuable resource. (Herbert Hoover)

1.1 Introduction

There are many reasons for studying families and the influences on the way they eat. First from a practical viewpoint, there are concerns that Australian children's diets are causing both short-term and long-term health problems; for example, the number of overweight children has doubled and the number of obese children have tripled in the last 10 years. Various estimates suggest that 23-27% of Australian children are currently overweight, including 6-9% who are obese (Magarey, Daniels et al. 2001; Booth, Chey et al. 2003). There are concerns about the health consequences of childhood obesity including psych-social effects, increased risk of orthopaedic problems, diabetes, cardiovascular disease, some cancers and musculoskeletal problems (WHO 2003). The dominant bio-medical discourse identifies the causes of the obesity epidemic in children as incorrect diet and insufficient exercise (Campbell and Crawford 2001). An increased consumption of energy dense foods that are high in fats and sugars is one of the main factors linked to the increased prevalence of childhood obesity (Cook, Ritishauser et al. 2001). Australia is a society where parents can purchase a wide range of healthy foods at reasonable prices and are relatively well educated with good access to nutritional information. So why are Australian children eating a poor diet?

Second, from a sociological viewpoint, a study of food provides sociologists with a key element for an understanding of everyday life. An understanding of the process of family food choices, in particular the links between knowledge, attitudes and practices necessitates the acknowledgment of the parents' perspective. The parents' perspective on feeding children provides a means for understanding how cultural processes interact with health

knowledge and attitudes to shape their translation into potential behaviour. The relationships between modern society, family food choices, children's influences and parental attitudes only make sense against the background of daily negotiation, compromise, and coercion within a family context. An understanding of the issues and concerns from the parents' viewpoint may assist in ensuring that dietary advice given to parents acknowledges the cultural and social meanings attached to feeding children.

The study of food choices in the private domain of the family can provide insights into the impact of contemporary social changes on decision-making processes in modern family life. Children have an increasing influence in all aspects of family life, but their influence on family food choices is a daily event. Why do many parents feel frustrated, confused and guilty when feeding their children? Why aren't they ensuring that their children eat healthier? In this thesis, the pressures on parents and the strategies that both children and parents use to ensure that their food preferences are incorporated into the family diet are examined and explained using sociological concepts.

My interest in this topic is a result of my work as a dietitian working with parents with young children. During my work, I noticed that many parents report that they want to feed their children a healthy diet but find it difficult. Parents have doubts about the applicability of nutritional information to their particular circumstances, many feeling that it is difficult to feed their children healthily given the "busyness" of their lives and were able to justify giving "treats". There was general consensus that food advertising encouraged children to pester for unhealthy foods. Parents felt they were fighting a battle and not necessarily winning. This thesis enabled me to better understand, both professionally and personally, how in contemporary society parents have to negotiate between contradictory social pressures.

1.2 The research questions

To understand some of the issues related to feeding young children from a parents' perspective, I used focus groups and asked the following questions of parents of young children;

- How and why has feeding children changed?
- What are the concerns/issues for modern parents around feeding young children? What makes them issues or concerns?
- To what extent are young children involved in family food choices?
- What strategies do parents use to encourage children to eat?
- What strategies do children use to ensure incorporation of their food preferences?
- Why do parents allow children to eat foods that they know are unhealthy?

In this thesis, I have assumed that 'families' consist of related adults and children, I acknowledge that this is not the only type of family and there are many other household settings. However, the majority of families with young children in the study setting in Tasmania conform to the nuclear family model with the major variation being single parent households with one-eighth of dependent children living in a single parent family (Strategic Analysis and Research Unit 2001).

There were limitations to the methodology as it was secondary data from a consultation process used as part of my work. The participants had an interest in nutrition and were all mothers. Because the focus groups were held during the daytime, the participants were generally mothers at home with their young children. In Tasmania, there is a dominant Anglo culture and this was reflected in the focus groups. Nevertheless within these constraints, the data provided an excellent opportunity to examine the social and cultural processes shaping family food choices.

1.3 Thesis structure

Chapter One: Introduction:

Chapter one introduces the problem, establishes the context of the research and poses the research questions.

Chapter Two: Social and Cultural Influences on Family Eating

Chapter two presents a review of the literature of current understandings of the social and cultural influences on family food, looking at contributions from various disciplines. As the sociology of food encompasses many aspects of social and cultural life, the review is limited to the aspects most relevant to families and their food choices. This chapter points to the need for more research into this complex area as existing literature has not adequately examined the issue of children's eating from the parents' perspective.

Chapter Three: Methodology

Chapter Three gives an account of the research methodologies, their advantages and limitations. Nine focus groups consisting of 48 parents were conducted around Tasmania in both rural and urban centres. Participants, all mothers of young children, discussed their concerns, attitudes and feelings about feeding young children. Also examined were 65 questionnaires consisting of 4 open-ended questions returned by parents who could not attend the focus groups.

Chapter Four: Family Eating in a Changing World

Chapter Four discusses the parental comments regarding the changes in social pressures compared to those facing previous generations, giving a historical perspective. Not only has the food system changed considerably, but parents feel pressured by advertising and marketing aimed at their children. Family life has changed with more mothers in the workforce with a resultant decrease in time available to prepare home-cooked foods. The

way in which children are treated has also changed, with parents now allowing children more choices. The sociological theories of detraditionalisation, time-poor families, consumerism and individualism/reflexivity are used to explore the meaning and context of parental comments about the changes and the dilemmas they face feeding children in a changing world.

Chapter Five: Parental Knowledge about Feeding Young Children

Chapter Five examines parental concerns about their children's eating and where they go for information and help. Although most parents do have problems and do seek advice, they do not accept knowledge passively but instead judge it on its practicality. Parents seek information from a variety of sources, both expert and lay, and will select the information that seems most credible that they can apply to their situation. Sociological theories about knowledge and risk are discussed.

Chapter Six: Parental and Child Negotiations around Food.

This chapter looks at family food events such as breakfast, lunches, evening meals, and snacking to examine if parental attitudes and concerns differ according to the circumstances of the particular food event. For example, are parents more concerned about the more formal evening meal than other meals or are food events that occur in the public domain such as lunch of more concern? Children are now more involved with decision making processes around the family diets so I examine the processes of negotiation and strategising by both parents and young children to ensure incorporation of their food preferences in the family's diet.

Chapter Seven: Discussion

The results demonstrate that parents are subjected to considerable societal pressures and conflicting discourses around feeding young children. This can create a dilemma between feeding children the "right" food and keeping them healthy; or keeping the children "happy", respecting their individualism, and maybe allowing them to incorporate foods that are

unhealthy. The lack of clear guidelines about how and what foods young children should eat have meant that parents need to actively seek information and support. Many parents feel confused and cynical about conflicting advice that they get from “nutrition experts” and often find it impractical for everyday decisions. In the discussion, I use the themes that emerged in the results to explain from a sociological perspective why parents allow their children to eat a diet that is unhealthy, when in Australia they appear to have ready access to nutritional information and an affordable and healthy food supply.

CHAPTER 2 SOCIAL AND CULTURAL INFLUENCES ON FAMILY EATING

2.1 Introduction

Eating is a fundamental part of human experience and despite the increasing numbers of people living alone, most people have their initial experiences with eating within a family context. Families do not function in isolation but are influenced by particular social, cultural and historical settings. Because the topics of food and eating involve so many different facets of our society, a variety of disciplines have had interests in different aspects of food and eating, each utilising different approaches and asking different questions. It is only relatively recently that sociologists have paid attention to food, eating and families. Other disciplines such as the medico-nutritional sciences, psychology, anthropology, economics, and politics have made significant contributions in this area. Their perspectives are a valuable contribution to the understanding of the cultural and social processes, nutritional knowledge, attitudes and behaviours that affect parental attitudes to feeding young children.

The fact that children are eating diets that are far from optimal has received media coverage in recent years. There are concerns that this is going to impact adversely on their future health and consequently on the medical system (Campbell and Crawford 2001). Trying to understand what influences parental attitudes towards young children's eating and what is happening in contemporary families, not only has the potential to influence the way that health professionals and policy makers deal with families but also provides insights into how everyday activities are affected by social forces.

In this chapter I review relevant existing literature about food, eating and families considering the contributions from the disciplines of medico-nutritional sciences, psychology, and anthropology before looking at sociological perspectives. I have mainly considered research from developed Westernised countries as this is most relevant to the context in which my research was conducted. I examine the premise that family food choices are socially differentiated by class, gender, ethnicity and generation. The effect of culture is considered with respect to family meals and the effect of children on family food choices. This chapter is limited to aspects pertaining to families, children and their food choices that give context to my argument and is not meant to be a comprehensive review of the sociology of food. Although initially there was not much interest in the sociology of food, in the last ten years there have been a number of comprehensive reviews, for example; Coveney (2000), Germov and Williams (1999), Beardsworth and Keil (1997); Warde (1997), McIntosh (1996); Murcott (1988).

2.2 The contribution from the medico-nutritional sciences

The initial interest in food and society came from nutritional science, stimulated by practical problems of food and health, food production, storage, and transport precipitated by the Industrial Revolution. Interest in the nutrient composition of foods and nutritional requirements of different people developed due to the link made scientifically between nutritional intake and health. Atwater, an analytical chemist, in the 1880s, analysed foods to determine their composition, conducted household food composition surveys and measured energy expenditure. From the results, he recommended levels of protein and energy for workers' diets emphasising the necessity of adequate levels for a productive workforce (Atwater 1888). This led to the application of nutritional science as a method of social

control, initially directed towards the poor but later applied to the whole of society (Coveney 2000).

From the eighteenth century on, there were concerns over the health of children but it was not until the early twentieth century that organised community health care for children and their mothers was available by way of Child Health Centres was provided (Coveney 2000). As part of this organised health care, infants and children were weighed and measured, and advice was given on weaning, proper preparation of food, and eating behaviour. At the same time, there was increasing interest in nutrition with discoveries of the importance of minerals and vitamins (Coveney 2000).

The medico-scientific perspective of nutrition became a largely reductionist model where the value of food was seen in terms of its constituent parts and their effects on specific parts of the body. Foods are “good” in terms of the positive benefit they confer on some part of the body, so foods such as fruit, vegetables and wholemeal cereals are “good” because they provide fibre. Some foods are seen as compromising health with the main offenders being fat, sugar and salt. Foods containing high percentages of these substances are often labelled “junk” foods by lay people and include lollies, chips, chocolates, biscuits, and cakes. There are moral judgements about food from both experts and lay people. The two groups may use quite different criteria for classing foods as “good” or “bad”, and the “alternative health” experts may come out with rather different views to “orthodox” nutritionists. This medico-scientific perspective relies on the authority of experts and has “medicalised” food with some foods having protective factors and other foods being regarded as detrimental to long term health (Bradby 1997).

Coveney (2000) has argued that along with the expert advice about food, came an increase in monitoring and surveillance of the way parents feed their children. Information and surveillance of parental feeding did not only come through Child Health Centres, schools also became sites. Children were weighed and measured and if there were problems, parents were contacted by the school nurse (Coveney 2000). School was also a site for

education of children about nutrition and food preparation. This education was both formal in the classroom and informal through the “norms” set in the playground.

Nutritional advice to parents and the community on what children should eat was formalised in 1995 in Australia by the development of “Dietary Guidelines for Children and Adolescents” produced by the Commonwealth Department of Health (National Health and Medical Research Council 1995). Initially these were nutrient based, giving advice such as “*Eat foods containing calcium*” and “*Eat foods containing iron*” [Figure 1]. These were revised in 2003, attempting to make them more food based, replacing the above advice with “*Include milks, yoghurts, cheese and/or alternatives*” and “*Include lean meats, fish, poultry and/or alternatives*” [Figure 2]. The advice deals solely with food, and gives parents little indication of how to actually implement the guidelines.

Figure 1 Dietary Guidelines for Children and Adolescents (1995)

- Encourage and support breast-feeding.
- Children need appropriate food and physical activity to grow and develop normally. Growth should be checked regularly.
- Enjoy a wide variety of nutritious foods.
- Eat plenty of bread and cereals, vegetables (including legumes) and fruits.
- Low-fat diets are not suitable for young children. For older children, a diet low in fat and in particular, low in saturated fat, is appropriate.
- Encourage water as a drink. Alcohol is not recommended for children.
- Eat only a moderate amount of sugars and foods containing added sugars.
- Choose low-salt foods.

Guidelines on specific nutrients

- Eat foods containing calcium.
- Eat foods containing iron.

Figure 2 Revised Dietary Guidelines for Children and Adolescents (2003)

Encourage and support breast-feeding.

Children and adolescents need sufficient nutritious foods to grow and develop normally.

- Growth should be checked regularly for young children.
- Physical activity is important for all children and adolescents.

Enjoy a wide variety of nutritious foods.

Children and adolescents should

- Eat plenty of vegetables, legumes, and fruits
- Eat plenty of cereals, (including breads, rice, pasta and noodles) preferably wholemeal
- Include lean meat, fish, poultry and/or alternatives
- Include milks, yoghurts, cheese and/or alternatives. Reduced fat milks are not suitable for young children under 2 years because of their high energy needs, but reduced fat varieties should be encouraged for older children and adolescents.
- Choose water as a drink. Alcohol is not recommended for children. and care should be taken
- Limit saturated fat and moderate total fat. Low fat diets are not suitable for infants.
- Choose low-salt foods.
- Consume only a moderate amount of sugars and foods containing added sugars.

Care for your child's food: prepare and store it safely

As knowledge about nutrition and the effect of diet and lifestyle on children's health has increased, so too has the pressure on parents to provide healthy nourishing food to their child not only after birth, but during pregnancy and even before conception. The Australian government allowed health claims for folate to encourage potential mothers to ensure adequate intake of folate preconception and reduce the risk of neural tube defects in early pregnancy (Medical Research Council Vitamin Research Group 1991). The Barker Hypothesis which links the in-utero environment has been linked to long-term health effects such as the development of cardiovascular disease, has been generally accepted among health professionals (Forsen,

Erikson et al. 1999; Harding 2001). Parents therefore are not only responsible for their own lifestyles and eating habits, but are also held responsible for that of their children, even before they are born.

That advice given to families to 'eat properly' has a moral as well as a scientific basis has been considered by some researchers as a form of social control (Coveney 2000; Crotty 1995;). How parents know what to feed their children and where that knowledge comes from and how it is applied is a key factor in shaping parental behaviour and attitudes around feeding their children. Parents do not passively internalise the instructions given to them by experts, but are active in assessing how the information applies to their lives. It is this social and cultural dimension that is ignored in bio-medical research. Knowledge, including nutritional knowledge, comes from many different sources and has different meanings to individuals. This is further discussed in Chapter 5.

The medico-nutritional sciences rely on 'scientific' and 'rational' methods of monitoring, measuring and regulating people's diets. The food intake of individuals is measured with a degree of precision in order to assess the adequacy of nutrient intake. In Australia, the 1995 National Nutrition Survey measured the dietary intake of both adults and children. This empirical information has been used to assess the adequacy of contemporary Australian diets. This survey suggests that in many respects the diets of many Australian children do not meet the Dietary Guidelines with over-consumption of fat (as with adults) and the under-consumption of dairy products, fruits and vegetables (ABS 1997).

Grave concerns have been expressed within the health community and media about the growing prevalence of overweight and obese children (NSW Childhood Obesity Summit 2002). It has been called "modernity's scourge" (Waters and Baur 2003), an "epidemic" (Australian Institute of Health and Welfare 2002) and a "child obesity crisis" (The Australian 29th May 2004). Analyses of data from the National Nutrition Survey, 1995 show that 19-23% of Australian children aged 2-18 years are overweight

and obese (ABS 1997). In addition, the survey found that many children were not consuming foods and drinks in quantities that promote healthy eating. Children who eat an inadequate diet are more likely to have increased risk of poor health including anaemia, poor weight gain, overweight and obesity, constipation, poor concentration, dental caries, greater susceptibility to infection, and poor wound healing. In addition, poor diet in childhood may predispose individuals to diet related diseases and or risk factors. Childhood obesity can lead to obesity in adulthood, which in turn can lead to an increased risk of poor health (Guo, Roche et al. 1994; Sinaiko AR, Donahue RP et al. 1999; Australian Institute of Health and Welfare 2002). There is documented evidence to say that arresting the increase in obesity and overweight will result in significant cost savings in health care costs, especially in relation to type 2 diabetes (Australian Food and Nutrition Monitoring Unit 2001).

Children's nutrition and activity have been targeted as an important public health priority as overweight and obese children have an increased risk of developing adult obesity with consequent adverse health effects (NSW Childhood Obesity Summit 2002); Campbell and Crawford 2001). Children who are overweight and obese are also subject to discrimination. However, despite concerns by health professionals, a study by done in America with 18 low income mothers (all overweight themselves) in 3 focus groups found that mothers did not define overweight or obesity in their children according to height/weight measurements, instead mothers were more likely to consider being teased about weight or developing limitations in physical activity as indicators of their child being overweight. Mothers did not worry about children's weight if the child had a good appetite and ate healthy foods such as fruit and vegetables (Jain, Sherman et al. 2001).

Among health experts there is debate about the importance of diet versus inactivity as factors causing the increased prevalence of obesity among children. These concerns have led to an increased interest in family food environments as being influential in obesity strategies. Campbell and Crawford (2001), in a review of family food environments and pre-school

aged children's eating behaviours, comment that "at a population level we have few insights regarding family food environments and consequently little information about how such environments influence children's eating habits and thus their risk for obesity" (Campbell and Crawford, 2001;19).

Medico-nutritional scientists when looking at family and food, tend to concentrate on descriptive methodologies, looking at what foods and/or nutrients individuals eat, although there has been an increased interest in the importance of the family food environment. Food is regarded as being composed of nutrients that should be eaten with regard to their function within the body. While the medico-nutritional science perspectives are useful as they do answer questions about what children are eating, they fail to explain the contributing historical, social and cultural factors. There is an implicit assumption in the advice of experts that to get parents to feed their children "properly" simply entails giving advice such as "The Dietary Guidelines for Children and Adolescents" [Figure2] without acknowledging that family food choices are a result of complex relationships involving negotiation and power struggles. It is relatively easy for knowledgeable parents to access nutritional information about what to feed their children but less easy to access information on how to deal with everyday problems and behaviours. There is little recognition of the process of decision making around food within the family, which is probably more dictated by time availability, cooking and parenting skills, emotional states, food availability, and family dynamics, than by knowledge of what are the "right" foods to eat.

2.3 The contribution from psychologists

Psychologists have long recognised the family as being the oldest and most basic of social institutions, and have conducted many studies of dietary choice and children (Birch and Fisher 1996; Birch, Orlet Fisher et al. 1996; Capaldi 1996). Birch and Fisher comment that:

“Children come into the world predisposed to learn about food, to learn what to eat and what to like and to prefer some foods and reject others. This learning is based on repeated experience with food and eating and on associations formed between the sensory cues of foods and the effect generated by the social contexts and physiological consequences of eating.” (Birch and Fisher 1996.134).

Social psychologists have predominately used a social cognitive approach to look at the way that children eat, examining the relationship between behaviour, food and the process of decision making. In the social cognitive approach, factors affecting food choices are split into the factors relating to the food (eg fat content, taste, temperature, etc), the external environment (social and cultural context), and within the individual (personality, likes/dislikes) (Conner, Povey et al. 1993). Significant contributions by psychologists on young children's eating habits have been in understanding influences of children's food preferences. Birch (1999) notes that although there are innate, genetically determined taste preferences, these can be altered through experiences with food and eating. Increased exposure to foods can influence preferences to those foods. Infants also have an innate neophobic (fear of new foods) response to foods that can be overcome by repeated exposure. However if parents do not continue offering the food, the child can limit the number of foods they like. Parental food preferences are also influential on children with a strong concordance of children's food preferences with other family members (Skinner, Carruth et al. 1998). Birch also found that young children were also influenced by their peer's food preferences (Birch 1980). The giving of foods as rewards or restricting foods by parents also influence children's food preferences (Birch, Zimmerman et al. 1980).

The studies by social psychologists rely on experimental research designs that manipulate the social context of the eating behaviour and disregard the context in which children negotiate food choices within their own families. Birch conducted most of her research in childcare centres. While their

studies provide valuable insights into some of the influences on children's food choices, they do not consider the meanings behind foods offered or other social factors affecting the families as a whole.

2.4 The contribution from anthropologists

Anthropologists were the pioneers in studying social and cultural aspects of family food choices, and any review of the sociology of nutrition refers to the seminal studies of anthropologists such as Levi-Strauss (1964, 1965), Douglas (1966, 1971, 1972), Harris (1986), Mennell (1985, 1987) and Goody (1982). They showed that food choice was not simply a matter of an individual's choices from the foods available, but was culturally shaped and socially controlled. Anthropological studies have tended to focus on historical, cultural and exotic aspects of food habits. Their approach tends to look at the function of food in societies and families.

Whereas the medico-nutritional sciences regard food as consisting of nutrients, anthropologists use food to elucidate relationships within families and communities. Levi-Strauss emphasised the symbolic nature of food. He posited that the culture around food can be treated as elements in a system of signs and symbols, similar to language, and the relationships between these elements leads towards a revelation of the fundamental structure of human thought (Levi-Strauss 1965). He proposed a "culinary triangle" to demonstrate the cultural aspects of dealing with food. Unlike animals, humans transform food by cooking and preserving it.

Mary Douglas studied the consumption of meals and snacks in both her own home and that of London working class families. Instead of looking at exactly what foods were eaten, she looked at the relationships between the people eating. She concluded that mealtimes and snacks are rituals reflecting relationships within social groups such as families. Food and eating are symbolic of social order (Douglas 1972). The closer the relationship, the more likely that the person was to partake in family meals.

Strangers might be invited to have a cup of tea, but not a “proper” meal (Douglas 1972). Unlike Levi-Strauss, Douglas did not generalise her findings to seek a universal structure, preferring instead to concentrate on a micro-sociological empirical approach.

Harris, unlike Levi-Strauss, played down the symbolic nature of food and instead explored practical explanations for different food cultures, such as Hindu avoidance of eating cattle, Jewish and Hindu avoidance of pork, acceptability of pets as food in other cultures, insects as morsels of delicacy or disgust. He analysed the costs and benefits of foods, the effort required to acquire the food needs to be weighed against its nutritional value compared to alternatives (Harris 1986).

Goody (1982) and Mennell (1985, 1987) looked at the development of ‘cuisine’ as a whole rather than of food avoidance and preferences. Mennell examines how broad social political and economic changes effect the expression of taste, manners, and lifestyle using the development of cuisines as an example. He proposes that with the improved security of the food system, the upper classes distance themselves from the lower classes by an increasing ornamentation of manners, art and food (Mennell 1985). Goody also examined the emergence of “elite” cuisines and concluded that elite cuisines are more likely to arise in hierarchical societies (Goody 1982).

Modern anthropologists such as Miller (2001) have looked to their own society as an object to study and have concentrated on “mundane” aspects such as shopping. Daniel Miller accompanied women and their children on shopping trips and his book “The Dialectics of Shopping” is an ethnographic account of his trips. Miller points out that rather than being an enjoyable experience, shopping for women trying to reconcile various family members tastes and ‘trading off’ between cost, taste, convenience and environmental concerns, can be very stressful. He points out the growth of contradictions inherent in modern shopping, with social relations grounded in material relations. People are on one hand subject to a normative discourse about various kin relationships but this drive to

universality is matched by a drive to particularity . He attributes this to the changing nature of love where people are now expected to be very sensitive to in each loved ones particular preferences. Buying something for a loved family member may consist of examining a whole row of breakfast cereals to find the right one preferred by a family member. (Miller 2001). He uses the study of shopping to reveal information about core relationships that people live by.

These and other anthropological studies look at how and why foods are eaten and point to culture playing a significant role in parental attitudes and behaviours around feeding young children; food choices within families are not just idiosyncratic, but are influenced by the social and cultural context. Their approaches examine the function of food in maintaining the social system.

Their approach clearly recognises that 'taste' is culturally shaped and socially controlled but it has been criticised for being too "here and now", most ignoring the biological imperatives underlying eating habits and the array of biological, geographical, historical and technological factors that influence food supply and food choice (Murcott 1988; Mennell, Murcott et al. 1992). The divide between anthropological studies and those of sociologists are blurring as anthropologists examine not only the individuals' food choices but also the consciousness that individuals exert around their choices (McIntosh 1996).

2.5 Sociologists and family food

Despite the fact that the production and consumption of food plays such a central role in societies, the sociology of food has been mostly ignored by sociologists until relatively recently. It is only in the last twenty years that there has been a surge of interest in the area spurred on by works in the related fields of anthropology, economics, psychology, nutrition and marketing. The sociology of food has become popular due to its relevance to the disciplines of social and medical anthropology, nutrition, dietetics,

health promotion, public health, consumer science, social epidemiology, and leisure studies (Germov 1997). There has been recognition that the study of the sociology of food and nutrition could help determine the interrelationships between food, culture, the state, social organisation, social stratification, gender issues, social change, the body, consumerism, and agency (Mennell, Murcott et al. 1992; McIntosh 1996: Sobal, 1992 #83; Beardsworth and Keil 1997; Germov 1997).

The benefit of using a sociological approach to examine families and food choices is that the approach acknowledges the complexity of the relationships between individuals and the cultural and social contexts in which they live their everyday lives. The socio-demographic variables of socio-economic status, gender, ethnicity and age are used to establish the social context of family eating, while cultural issues are addressed by a consideration of family meals and the role of children in family food choices. In the following sections, I highlight how these social and cultural influences could link to parental concerns around feeding children.

2.6 Socio-economic status and family food

There is no doubt that there is a social gradient for many diet-related diseases in Australia but it is unclear how closely this might be related to food intake. The 1995/6 National Nutrition survey showed a few small differences in the consumption of different foods across quintiles of social disadvantage. Groups with lower quintiles of social disadvantage had lower consumption of cereal and cereal based foods, fruit and fruit products, fish and seafood, and milk and milk products (ABS 1999). How this relatively crude, area based measure of social disadvantage relates to what is happening in families is unknown. Higher social economic groups are generally reported to consume a greater range and variety of foodstuffs which are more likely to accord with the nutritionally approved orthodoxy of the day, than those lower down on the social scale (Crotty 1999). However in Australia and most other Western countries, it has been argued

that the differentials in food choice and diets between lower and higher social economic groups are diminishing and those that persist are not great (National Health and Medical Research Council 2003).

Is a healthy diet more expensive? If so, this could contribute to an socio-economic difference in the types of foods eaten. There may be a disincentive for parents to feed their children healthily if money is tight, resulting in parents offering their children less expensive and possibly, less healthy foods. There have been few cost analyses of healthy versus unhealthy diets. One UK study found that following the dietary guidelines was potentially more expensive (Cade and Booth 1990). In the early 1990s, McAllister et al. examined the costs associated with healthy eating in Australia and found that if healthy food choices were directly substituted for less healthful ones e.g. wholemeal bread for white bread, low fat dairy products for full fat products, it resulted in a more costly diet. People selecting a healthy diet in accordance with the Dietary Guidelines paid more. However if the diet was restructured to conform to a new healthful eating plan, it could cost less (McAllister, Baghurst et al. 1994). To restructure the diet of one's family to ensure it was healthy, requires a high level of motivation and nutritional knowledge. Crowley (1992) concluded that the cost of a diet that follows the Dietary Guidelines was higher than that of the average Australian diet. When considering the cost of a healthy diet, it is not only the costs of the food that needs to be taken into consideration, but also the costs of transportation to buy foods, the facilities to store food (it is often cheaper to buy in bulk) and prepare foods (if there is no oven available, it is cheaper short-term to buy take-aways).

Although healthful eating need not be more expensive, recommended healthy diets can be more expensive. In Australia, Santich (1992) costed examples of eating venues presented by various nutrition organisations as nutritionally ideal and found that the recommended menus were up to three times more expensive than less nutritious ones. Shops in low income areas in Adelaide were less likely to stock wholemeal bread, lean meat, chicken and a wide variety of fruits and vegetables (Santich 1992). People with

more comfortable incomes can eat out frequently, buy good quality meat and vegetables, and indulge tastes for more specialised or exotic foods. Also it was found that it was easier for people living in higher income suburbs to buy nutritious foods prepared outside the home than those living in the poorer areas of Adelaide (McWinnie and Carter 1993). Eating behaviour and food preferences can be constrained by structural factors outside the individual's control.

Lack of money may constrain food choice in families. Studies by Birch (1996) have shown that children are more likely to eat a wider range of foods if they are given foods to taste (Birch and Fisher 1996). DeVault (1991) comments that mothers with lower socio-economic status on a tight budget would be more likely than mothers with higher socio-economic status to buy food which their family preferred as they could not afford to purchase foods which might be wasted if their partner and children refused them. There is therefore a disincentive to offer children novel or exotic food among lower SES families. In lower SES families, this could in fact lead to less conflict around food if parents offer foods that their children prefer in order to reduce wastage and to keep them happy. Middle-class families, being more health-conscious, may apply more food rules and restrict more foods.

Above a basic minimum income, the cost of the food may not be the main factor determining family food choices, with the presence of children or a spouse and the educational level of the main food carer, being more influential (Crotty 1999: Caplan, 1997 #77). Studies of women as single parents of low income families have shown that cost of family food may become more manageable because diets can be less traditional and omit expensive, and often less healthy items such as red meat. Experimentation with alternate foods is more likely (Crotty, Rutishauser et al. 1992). The lone women parents studied by Crotty's group were found to have nutritional intakes which are as good as, and in some cases, better than the Australian average, questioning the assumption that all low income families have nutritionally inferior diets (Crotty 1999).

Is overweight more prevalent among children from socially disadvantaged backgrounds? Booth et al. (2001) examined three Australian surveys studying the prevalence of overweight and obesity among children and concluded that there was no consistent relationship between prevalence of overweight and obesity and sex, age or SES. However, the data did suggest a higher prevalence among urban dwelling boys (but not girls) than rural boys and among students from European or Middle-Eastern cultural backgrounds.

Studies looking at socio-economic differences with regard to the dynamics of family eating are rare. Hupkins et al. (1998) in a study of 849 mothers in Belgium, Germany, and Netherlands, with children aged 4-14 found that higher SES mothers restricted significantly more foods in their children's diets, but prescribed as many food items as their lower class counterparts. More higher SES mothers mentioned that they took health into account and felt that children's tastes could be developed, whereas lower SES mothers agreed more often that children might eat snacks, as long as they ate three main meals per day (Hupkens, Knibbe et al. 1998). Hart et al. (2003) in another UK study, found that high SES parents were more likely to enforce food rules with fizzy drinks and crisps commonly restricted and fruit and vegetables frequently prescribed than lower SES mothers who were concerned with protecting the social aspects of eating and ensuring that their children ate sufficient food. Lower SES mothers were more likely to adopt a flexible approach to food, giving the child alternatives if they didn't like the food. Parents from both low and high SES groups differentiated between "treats" and "everyday foods" suggesting that "healthy" and "tasty" foods were mutually exclusive. Studies have reported slight differences in eating patterns, with the upper SES groups having slightly healthier eating patterns and a greater concern about issues of food and health. Smith and Baghurst (1992), in an Australian study, found that groups with higher SES ate more wholegrain breads and cereals, fruit, fruit juice, salad and leafy green vegetables while those of lower SES ate more sugar, fried meats and take-aways. Why eating habits may be related to socio-economic status if

cost is not the determining factor, is partly addressed by Bourdieu. He theorised that lower class people tend to value more strongly recently acquired luxuries, like white bread, meat, sweets and snacks while middle-class people seek distinction by stressing the health aspects of food (Bourdieu 1984).

Many studies looking at the effects of socio-economic status look for a difference in food consumption between the SES quintiles. This implies that SES determinants of income and education are the critical factors affecting family food choices. While income certainly affects opportunities to incorporate different foods in the family diet, the difference between SES groups may be more related to sources of knowledge and subsequent health attitudes and behaviours. Middle-class women were more likely to refer to more generalised forms of health knowledge consisting of ideas drawn from sources like books and the medical press, while working-class women tended to refer to the specific health problems of particular members of their family (Beardsworth and Keil 1997).

Socio-economic status does appear to affect family food and common explanations appear to be an economic disincentive to experiment with foods because of cost if rejected, lack of access to healthy foods, and different knowledge sources. It is likely that parental attitudes are affected by their socio-economic status. Pill, when examining working class mothers views on food and health in South Wales, found that *“a significant proportion of women did not perceive food as being particularly relevant for health or the prevention of illness”* (Pill 1983). She categorised mothers as “lifestyle” mothers who recognised a link between the dietary behaviour of individuals and health and who didn’t allow the children’s’ tastes to dictate the family food and “fatalist” mothers who believed people got ill because of factors outside of their control and so were more likely to let children influence the family diet.

Although SES is likely to be an important factor in parental attitudes to their children’s eating, the data linking food consumption to SES is of

questionable relevance when discussing children or families' diets.

Families are complex units for study, with some members, especially children, increasingly inhabiting two different households with different income levels. In addition, SES status may be independent of nutritional knowledge, behaviours and attitudes. Nutritional knowledge is obtainable from multiple sources so even a person with poor education or income but a belief in nutrition/ health link may feed their children "better" than a person of higher SES but with little interest in nutrition.

2.7 Gender and family food

Central to any discussion of family food is the role of women and their control of the family diet. Many nutrition education programs target women as change agents of family food patterns (Coveney and Baum 1996). In the 1940s, Kurt Lewin (1943) developed the concept of women as "gatekeepers" as women were seen to be responsible for planning meals, shopping and cooking. This idea of women controlling family food choices has been challenged in many subsequent studies, see for example, Beardsworth (1997); Warde (1994); DeVault (1991); Murcott, (1988, 1982); and Kerr (1986).

Some studies have found that although women have the primary responsibility for organising food purchase and cooking whether or not they work, they defer to their husband's and children's preferences (Kerr and Charles 1986; DeVault 1991). This was found to occur in both middle and lower classes (Calnan and Cant 1990). DeVault (1991) found that when planning meals, women responded to individual preferences not as a personal favour but as a requirement of the work. Some cooked special foods for their children in addition to the family's regular meal. Because husbands and children's tastes were often different, part of the work of planning meals was balancing the often-contradictory food preferences of family members. Women were found to be mostly responsible for shopping, although there were some class differences (DeVault 1991). She

found that in spite of recent changes, the ideology of family is still gender and class biased. Women are still expected to take primary responsibility for the caring part of family life. Keeping the household stocked with foods has become more important and complex due to the growing tendency of family members to eat separately according to their own schedules. Breakfasts and lunches are commonly prepared by individual family members, but this can only happen if the ingredients are available.

The premise that women deferred to their husband's food choices has been challenged by a study by Kemmer et al (1998). They interviewed 22 couples, ages 19-33, living in Scotland. Interviews were conducted 3 months pre- and postmarriage/-cohabitation to assess aspects of foodwork, health attitudes, food choices, and food-related activities. They found that, after couples began living together, shopping excursions and eating became more routinised; evening meals acquired symbolic importance; and women became more responsible for food purchasing and preparation but less respectful of their partner's food preferences. She also found that food increases in importance for married couples and the quality of the male partners' eating patterns improved, which would tend to suggest that the female partner actually had more control over what was eaten in the house. Interestingly, she concluded that food choice power is non-gendered (Kemmer, Anderson et al. 1998). Kerr and Charles (1986) interviewed 200 women bringing up young children. They found that most women were committed to the notion that men need to eat more meat (a high status food) and in catering for the taste of other family members, women frequently denied their own food preferences. Even if women were in full-time work, half the men never cooked regularly and only seven couples shared cooking equally.

In families headed by single male parents, they stressed their success in providing children with wholesome meals, that is taking over the provider role, not only ensuring nutritional adequacy but in the maintenance of a sense of stability in the home (Burgoyne and Clarke 1983). Providing

nutritious food for the family is symbolically and morally loaded in a way that other domestic tasks, such as washing and cleaning are not.

The relationship between women, their bodies, food, and societal pressure to be thin is also relevant to the way families deal with feeding their children. Although today women are offered the rhetoric of equality through education and work opportunities, they are also made responsible for the provision of food and are encouraged to be mothers. This can result in frustration, confusion, poor self-esteem and negative body images which can be expressed in ambiguities around eating (Kerr and Charles 1986; Orbach 1988; DeVault 1991). These ambiguities can be passed on to the children. Mothers reported using more restrictive feeding practices when they perceived their daughter as overweight or if they themselves had a history of being overweight, while they applied more pressure on the child to eat when their daughters were thinner (Francis, Hofer et al. 2001). Hart et al. (2003) also reported that parents were far more concerned about current or future weight problems amongst their female children than their male children. The studies do not describe if the children cooperate or resist these feeding practices in the family setting.

Australian data from the National Nutritional Survey in 1995, showed that females ate more fruit in all age groups except for 2-3 year olds. Males consumed more meat across all age groups (ABS 1998). The survey also found gender differences in the consumption of sweetened breakfast cereals, with 22.8% of 2-3 year old boys compared with 14% of girls, 16.4% of 12-15 year old boys compared with 8.8% of girls and 12.8% of 16-18 boys compared with 6.7% of girls (Williams 2002). Is the gender difference to do with the children's innate preferences or are girls and boys treated differently with regard to foods they are allowed to eat from an early age? The study by Francis et al, (2001) suggests that mothers will restrict their daughter's diets if they perceive their daughter as being overweight, they may not be so concerned about their sons and so will allow them to eat sweetened breakfast cereals. Woodward (1988) in his study of food intakes of Tasmanian teenagers found gender was the strongest predictor of energy

and nutrient intake. He also found gender differences between food intakes of girls and boys with greater intakes of red meat and cereals among boys, but not of fruit or cakes (Woodward 1986). The differences in body sizes and growth rate is a major contributor, as boys would require a greater intake of food, but body image and dieting concerns may impact upon the girl's diets.

Some researchers have suggested that foods can be perceived as "gendered" with red meat being perceived as a masculine food, while white meat, salads and fish are seen as more appropriate for women. Meat symbolises hunting, domination and control, (King 1979) with meat being equated with animal strength, and increased animal passions. Fish and white meats are seen as nurturing rather than inflaming the passions and so are seen as being more suitable for women, children and sick people (Twigg 1983).

Parental attitudes towards children's eating are undoubtedly affected by the gender/power balance within the family and have not been researched to any great degree. Parental attitudes can range along a spectrum from little concern, to periodic episodes of concern, through to a high level of concern in their children's eating. If there are significant differences between the degree of the mother and father's concern, the result could be conflict between the parents, or manipulation by children. Mealtimes when both parents are present could be a site of tension or even physical violence if there is a power struggle to control children's eating. There is the question of whose food preferences influence children's food preferences more, the mother's or the father's? Women have been found to make food choices more in accordance with the Dietary Guidelines (Calnan and Cant 1990; Crawford and Baghurst 1990). However, if the mother defers to the father's (less healthy) food preferences, it is likely that the family food choices will also be less healthy.

If there are parental differences in attitudes towards children's eating, then it is possible that the different meals and snacks would differ in their healthiness and formality depending on which parent was present and which

parent controlled the food preferences of the family. There is a lack of research in this area, with most research commenting on general gender differences and not how it might vary between meals.

2.8 Lifecourse stages and family food

Some scholars suggest that generation is becoming an ever more important social division affecting consumption (Langer 1996). Age differences in consumption patterns are unsurprising since people at different stages of the lifecourse will differ in their wants and needs. Cohort membership may override other social divisions, eg single and childless young people behave in different ways than parents with children. Kemmer et al. (1998) when looking at the transition from single to married life, found that after marriage, shopping and consumption of eating meals were more planned and routine and there was more emphasis on having “proper meals” (Kemmer, Anderson et al. 1998).

Evidence of age-related food preferences is well established. Older people tend to eat in a more structured way than younger people and are less likely to consume convenience foods (Caplan, Keane et al. 1997). This could be explained by generational differences. In recent times, there have been marked changes in social and cultural aspects of food in Western societies. Attitudes towards food, education around nutrition, childhood experiences, child-rearing practices, food availability and exposure to food advertising, all differ between generations. Blaxter and Paterson (1983) looking at health attitudes and behaviour among two generations of working class women, found that they differed in what they thought were “good” foods with the older generation defining “good” food as always being cooked and prepared in basic and economical ways while women of the younger generation cited milk and fruit as being “good” foods based more on the healthful nutrients they provide. The older generation’s definition of “good” food appears to be symbolic of the women’s role in the home while

that of the younger generation appeared to be more defined through its' nutrient value as promoted by health authorities. Yuhua (2000) when looking at modern Chinese society, found marked differences in "dietetic knowledge" (where dietetic knowledge refers to the basic ideas that shape people's dietary desires and their explanation of their eating habits) between grandparents, parents and children. The grandparent's dietetic knowledge was very traditional and influenced by traditional Chinese medicine and its emphasis on balance, the parents have been strongly influenced by nutritional concepts acquired by modern medicine, by contrast, the dietary ideas (or at least practices) of children are concerned with the "need to consume" (Yuhua 2000). Although changes in Chinese society have been more dramatic than those in Western societies, it is highly likely that generational differences could be regarded as being due to the more traditional environments in which older people grew up, that is, with little exposure to convenience foods and an emphasis on manners and sitting up at the table. It could also be linked to changes in the individual life course and the domestic household cycle.

Fischler (1980:948) argues that gastro-anomy now exists in modern society. He defines gastro-anomy as a lack of socio-cultural cues around food choices and as to when, how and how much people should eat leading to a sense of anxiety. Food selection and intake are increasingly a matter of individual taste rather than tradition (Fischler 1980). Intergenerational differences could reflect the fact that food habits of younger generations are being less shaped by traditional eating patterns passed down through generations. Instead they may be the result of a proliferation of contradictory information from health authorities, food advertisers and the media.

At transitional stages in the life-cycle (leaving home, marriage, parenthood,) there is often a renegotiation of attitudes, behaviours and expectations. When couples share a home, they change their eating habits (Craig and Truswell 1988; Worsley 1988; Kemmer, Anderson et al. 1998; Coveney 2002). Craig and Truswell (1988) found that initially husbands had more

say in what was eaten, but as marriages lengthened, the wives' influence increased. The couples studied were mostly childless. Schafer & Schafer (1989) studied 386 couples in 4 life cycle stages, young families, maturing families, empty nest families and retirement families and found that food selection and preparation were conducted primarily by wives, with only minor help from husbands. However, husbands in the younger life cycle stages thought that they should do more food preparation, and did in fact do slightly more cooking than did husbands in later life cycles. Husbands in older families tended to be more involved in food shopping and food budget decisions. Education was not found to have an effect on food roles over the life cycle (Schafer and Schafer 1989). The fact that both the younger wives and husbands felt that husbands should do more foodwork, could mean that gender roles in foodwork and family meals are changing.

Once couples become parents, there is a heightened consciousness around health aspects of food, prompting dietary change. There have been few studies examining this transition, and there is a lack of understanding of the processes whereby children impact upon the family diet. Coveney proposes the idea that parenting is the subject of a variety of discourses of which one is nutrition. Expert advice informs parents of the "right" way to feed their children and encourages them not only to feed the children healthily but that children be given choices (Coveney 2000).

There have been substantial changes to the ways in which different generations feed their children. There have always been certain foods that have been seen as being suited to children such as milk, light meats, sausages etc. In contemporary society, foods such as sweets, crisps, fish fingers, baked beans and breakfast cereals are promoted as "children's food" (Charles and Kerr 1988). Food advertisers promote the idea of "children's food" by using cartoon characters and jingles and packaging in small, bright packets to appeal to the child market. In the family situation, there is an increasing culture of food choices being influenced by children. The differences between children's food preferences and that of their parents could be explained, in part, by generational differences. Children are more

subject to media influences and increasing promotion and availability of fast and junk foods than their parents were.

2.9 Ethnicity and family food

There has been a paucity of studies of the effects of ethnicity on parental attitudes towards their children's eating as most studies have considered Westernised societies. In the background papers to the revised "Dietary Guidelines for Children and Adolescents (2003)", there is a chapter devoted to the nutrition of Aboriginal and Torres Strait Islanders. It is a descriptive account of their poor nutritional status and health, with a higher intake of sugar, fat and take-aways (in urban populations) and a lower intake of fruit and vegetables than the general population. Poverty and poor food access were cited as the main social determinants (National Health and Medical Research Council 2003). There appear to be no studies dealing with beliefs about the health-diet link or ways in which food beliefs are passed on to children.

Attitudes of different ethnic groups towards food as pleasure versus food as health promoting was highlighted in a study by Rozin et al. (1999) where the attitudes to food and the role of food in life in the USA, Japan, Flemish Belgium and France were compared. The "American" attitude to food where it is perceived to be composed of nutrients, some of which have health benefits but some of which are harmful, contrasts with the "French" attitude which is much more relaxed and pleasure orientated (Rozin, Fischler et al. 1999). Ochs et al. (1996), when studying American and Italian families, found that Italian families gave priority to food as pleasure over any other theme while American families gave priority to food as nutrition, a material good or as a reward. In Italian families, children were strongly encouraged to express their individual tastes in foods and individual food preferences are seen as part of having a personality. The American families often generalised the child's dislike of certain foods as

being part of being a child. In Italian families, food promoted identity and togetherness when there were common tastes between adults and children. At American mealtimes, there was often conflict when a child expressed a dislike for some foods, with parents telling the child eat it because it was “good for them” and sometimes offering rewards in order to get the child to eat it (Ochs, Pontecorvo et al. 1996). There have been no similar studies in Australia.

It has been suggested that immigrants tend to adopt the values and beliefs of the dominant culture, and this includes food habits (Worsley and Leitch 1981). Immigrants adopt a more “Australianised” diet but there appears to be a reciprocal effect with the Australian diet becoming more multicultural with consumption of pasta, noodles, rice, and yoghurt becoming the “norm” for families. The promotion of these foods owes much to the food industry who have evolved a whole line of pre-prepared sauces that make the construction of ‘ethnic’ dishes quick and easy. Parenting style is also affected by culture and ethnicity. One of Coveney’s interviewees, a Vietnamese who came to Australia 10 years previously, commented that Vietnamese parents rarely consider their children’s preferences but that the Australian way of listening to their children is preferable (Coveney 1999).

The parental attitudes towards food as being “healthy” or “pleasurable” are likely to affect their concerns and behaviours around feeding children. The discourse about food, whether you should eat it because it is “good for you” or because you like the taste, will also influence children’s attitudes and preferences. The “American” attitude towards food makes conflict around food in the home more likely as the resistance of children towards eating certain foods is seen as “being difficult” and defying parental power, rather than expressing their personality as it might in other cultures. There could also be quite different discourses around parenting and whether or not the child’s preferences are considered between different ethnic groups.

2.10 Children and family food

Much of the research concerning food and children has been limited to documenting their eating patterns and dietary intakes rather than exploring the social and cultural contexts around feeding children. Nutritional advice to parents appears to implicitly assume that children are passive actors and that parents are responsible for what and how children eat. The role of children in food choice, family meals and food work has been largely neglected.

It is well accepted that parents are responsible for training children to eat properly and that mealtimes are the setting where this occurs (Charles and Kerr 1988), but there is little discussion about how this happens. That children do not passively accept the food rules imposed upon them by adults, was well illustrated in an Australian study by Grieshaber (1997) who found that the construction and operation of mealtime rules were actively resisted and contested by children. The four families studied had their own adult rules relating to table manners and in each family, children challenged the rules and were disciplined. He commented that mealtime rituals functioned as a site where discipline was imposed in order to normalise young children's eating behaviour (Grieshaber 1997).

Advice about feeding children has changed, eg prewar advice did not cover food refusal (Coveney 1999). It was expected that children would eat what they were given, and little notice was taken of children's food preferences. The present prevalence of books dealing with fussy eating indicates that contemporary parents are concerned not only with what a child should eat, but how to get them to eat it. Coveney (2000) attributes modern tensions about feeding children as being due to the new social practices of good parenting which privilege independence for children, a belief that food and mealtimes should be enjoyable, and a feeling of responsibility to ensure that food for children should be nutritious. Children's eating is a source of concern and frustration for parents as they try to reconcile these often opposing discourses.

In contemporary families, children are playing a more influential role in family food choices. A Gallup poll conducted in 1991 in the US, surveying 407 children aged 9-15 found that children claimed to have most influence over breakfast and snacks with two-thirds usually choosing foods for breakfast and 74 % often choosing their own snacks. Almost half usually select their own lunches, but when it came to dinner, only 8% said they make food selections. Children are also becoming more involved in food-work such as food preparation and purchasing. The majority of the children in the above study said they cook or make some of their own meals (87%), sometimes prepare their own snacks (83%) and cook or make their own breakfast (80%). Nearly three quarters sometimes cook or make their own lunch, but only 38% sometimes cook or make their own dinner. More than half say they are involved in buying food for their own meals or snacks (57%) and about one-third sometimes buy food for their family meals or snacks. Also in the survey, 89 % said they still eat meals with their families at least three to five times a week with 54% saying they eat with their families every day (International Food Information Council 1991). Similar studies are lacking for contemporary Australian families but the trends are probably similar.

Although children have been found to have an excellent understanding of the principles of nutrition and health (International Food Information Council 1992), this has not been translated into the behaviour of selecting a healthy diet. The number of children overweight or obese has doubled in the last 10 years (Magarey, Daniels et al. 2001) and many children in Australia are not meeting the Recommended Dietary Intakes (RDI) for calcium, fruit and vegetable consumption, and iron (ABS 1999). It is recognised by nutritionists that children's eating habits are important in determining health chances for later life, so why are children not eating as recommended by government health departments?

Children's food preferences and attitudes towards foods are learned through their social and cultural environment. By 3 to 4, children have already acquired knowledge about the appropriateness of food within their culture

e.g. cereal is more preferred in the mornings and pizza in the afternoon. The media has a big influence on food preferences, eg children exposed to advertisements for high sugar foods were more likely to select them (Hill and Radimer 1997). On children's TV time slots, food advertisements occur at the rate of 9-12 per hour, with the majority of food advertisements (74-99%) being for fast foods, soft drinks, chocolates and snack food high in fat and sugar content (Carter 2004). The National Health and Medical Research Council has reported that television may be more influential than families in setting children's food preferences (National Health and Medical Research Council 1981). Buijzen & Valkenburg (2003) found that children who are exposed to television advertisements are more likely to be involved in conflict with their parents during shopping.

Children are able to correctly identify logos of popularly advertised brands from the age of 3 (Fischler, Schwartz et al. 1991). These branded products are preferred by pre-schoolers demonstrating that their food preferences are influenced by media at an early age (Pine and Nash 2003). Teenagers who watched more television tend to like less healthy food more, and perceived it as more often eaten by others (Woodward, Cumming et al. 1992). To those children who watch television, the television may be setting the "norm" for eating rather than the parents. If children do not get the foods that they perceive as being part of the "normal" diet for children as portrayed by the media, then they are more likely to pester their parents for the foods.

In contemporary society, there is a culture of thinness with a resultant pressure on females and to a lesser degree, males, to ensure they do not get fat. The cultural aversion to fat both as a constituent of food and fat bodies leads to stigmatisation (Turner 1992). Being slim is seen as demonstrating a degree of inner worthiness, a personality in control of itself and a person in good health. By contrast, an obese body is understood as being unhealthy, ugly and deviant (Lupton 1996). Parents who have a problem with their own weight or who perceive their child as being fat or at risk of being fat, are more likely to control foods that their children eat,

especially that of female children (Francis, Hofer et al. 2001). This can promote the very problem it is meant to prevent, with children showing a marked preference for those proscribed foods (Satter 1986).

The interaction of children and family food is complex and is subject to many social forces with the above being just a few. There is an increased involvement of children in family food decisions, partly due to the discourse that parents should allow their children more choice, but also necessitated by the increased presence of the mother in the workforce. Children's preferences, however, are not solely shaped by their family environment but are being increasingly influenced by the media and peers. The dynamics of how children influence family food has been largely overlooked and the studies that have been done have concentrated mostly on food choices and behaviour in the context of the family meal. In this study, I look at parental attitudes and concerns about their children's eating at different mealtimes and snacks.

2.11 Family Meals

In studies of family meals, there appears to be two apparently opposing themes. On one hand, the family meal is seen in positive terms, as an important way of giving children attention, of teaching them manners, of giving them desirable social experience in conversation and teaching them about their cultural heritage. The words "family meal" conjure up a scene of domestic harmony and sharing. One major emotion that is linked with the family meal is that of love, particularly maternal love, and concern for the well-being of one's husband and children. The picture of the family meal is frequently drawn upon in the marketing of food products. The family meal is thought to be central to the concept of "family" in western societies. DeVault (1991) comments that

"Family meals do more than provide sustenance, they are also social events that bring family members together. Such rituals provide a basis for establishing and

maintaining family culture, and they create mutual recognition of the family as a group. Indeed a “family” is not naturally occurring collection of individuals, its’ reality is constructed from day-to-day activities like eating together” (DeVault 1991).

Far from being a site of harmony and family togetherness, some sociologists see the family meal as a potential site of conflict, oppression and even overt violence, emphasising the power differences between men and women, and between parents and children (Ellis 1983; Kerr and Charles 1986; Charles and Kerr 1988). The provision of a ‘proper’ meal has been seen as a form of control where the woman was obligated to go to the trouble and effort of cooking “proper meals” several times a week. Ellis (1983) in his study of violent families, found that mealtimes where the wife had either failed to produce food on-time or had cooked foods that the husband disliked, was the trigger for violence. Kinter, Boss et al. (1981) found evidence that husband and wife use food to relate to conflict in the family environment. There were links between dysfunctional family environments and a pre-disposition to eating disorders. Grieshaber (1997) found mealtimes a site of parent-child conflict and resistance, wherein young children are actively engaged in contestation and negotiation of family power relationships. A study of divorce and remarriage by Burgoyne and Clarke (1983) with 40 remarried couples in Sheffield UK found that the tensions in marriage frequently centred on food and mealtimes.

In her study of mothers in Welsh families, Murcott (1982) found that women would not bother to cook for themselves, tending to snack rather than prepare and eat a “proper” meal if they were alone. Furst (1997) on the other hand, challenges the common belief that cooking is an aspect of house work that is oppressive and unpleasant to women, arguing that it can be an important expression of identity and creativity, and that cooking can be perceived by women as the gift they choose to give out of love, rather than as a commodity they are forced to produce.

Some sociologists have questioned whether the “family meal” ever was a reality (Mackenzie 1993; Gillis 1996; Beardsworth and Keil 1997; Murcott 1997). Murcott (1997) points out that in the last 150 to 200 years, children of the upperclass, wealthy and aristocratic families never ate with the rest of the family. Discussing the eating habits of the poor and middle classes, Gillis comments

“It was in the 1850s and 1860s exactly when work and school time were first imposing their relentless regime on middle-class families, that families began to organise the day into a relentless cycle of meals and bedtimes that has changed remarkably little ever since. Earlier, no-one had thought of setting aside a special time for the family to eat together on a daily basis. Eating had always had its ritual features, but these had been more connected with religious and civic occasions. Apart from the households of the very rich, people had attached little formality to meals. The poor ate out of the same pot on the hearth, but they did not dine as such..... The poor ate whatever and whenever they could, but even in the middle classes, which could afford an adequate diet, had no notion of a “meal” as we have come to know it. They ate frequently and irregularly in a manner not unlike modern snacking” (Gillis, 1996; 88).

Gillis suggests that the notion of a “family meal” may be a relatively recent idealised construct of the middle-class and respectable working-class family, developed as a consequence of the Industrial Revolution where families had less time together and so needed to develop “quality family time”. The family meal in the evening became more important and ritualised as all members of the family were likely to be present. Families rarely ate lunch together because women’s, men’s and children’s lunch hours had become quite separate.

Sociologists such as Fischler (1980), Mackenzie (1993) and Beardsworth (1997) have argued that the institutionalised, ritualised act of meal taking is on the decline, while snacking and nibbling is on the increase. Falk (1994) claims that modern meals have become marginalised and less formal with the emphasis on conversation (or watching TV) rather than the food occasion, leading to increase of non ritual snacks (Falk 1994). Studies in the UK have shown some discrepancies around how often members of the household ate together with Nelson (1994) finding that 80% of all food consumed was still eaten as part of a “formal” meal (Nelson 1994) while other studies found that around half had family meals every day or almost everyday (Murcott 1997). The difference could be related to the age of the children.

Mealtimes can also be a site where the health beliefs of the parents are “acted out” with many parents only becoming interested in the health implications of their diets when they actually had children. Getting married and/or acquiring responsibility for children, meant that they were more likely to have “proper” meals. Caplan found the notion of the “proper” meal still remains important in family households and mothers in particular considered them important for children's health. In his study of 12 two-parent families in urban Adelaide, Coveney (2000) also found that family meals are regarded as an important part of family life. Family meals are where parents exercise their responsibilities as good parents, but can be a site of conflict when children are difficult. Family meal choices were made on the basis of what was nutritious and healthy, with occasional resort to takeaways being seen as less responsible and healthy. When deciding what to cook, children's likes and dislikes were taken into account but coping with children's food preferences was often seen as a nuisance (Coveney 2000).

Mothers are often concerned that children eat the foods they need for good health, and try to devise menus that are both healthy and appealing (DeVault 1991). Mothers felt frustrated and guilty if the meal failed to please the family, or didn't conform to the pattern of a “proper” meal (Kirk and

Gillespie 1990; DeVault 1991). Cold meals or convenience meals were not recognised by Charles and Kerr's (1988) or Murcott's (1982) interviewees as being "proper" meals. If men were present, more elaborate meals were prepared. When men were absent, meals were less likely to be "proper" and shortcuts were often taken (Kirk and Gillespie 1990).

The modern food industry encourages time-poor parents to "construct" meals from preprepared ingredients. Effectively, families "outsource" some of the labour involved with food preparation and/or cooking. Because of the necessity of being able to "construct" meals quickly, and because of exposure to foods of different cultures, the idea of what constitutes a "proper meal" may be changing. Both Nelson (1994) in the UK and Ripe (1993) in Australia have suggested that the new generation of young people are regarding foods such as pizzas, spaghetti bolognaise, chilli con carne, and stir fries as "proper meals".

Sociological literature identifies family meals as being a site for social ritual (Douglas 1972), family bonding (DeVault 1991), potential family conflict (Burgoyne and Clarke 1983), training grounds where children are socialized and disciplined (Grieshaber 1997), and where parents "act out" their responsibilities for their children's health (DeVault 1991). Most studies have neglected looking at meals other than the evening meal. The evening meal however, only includes about one-quarter to one-third of a child's total food intake and is only one food event among several. It would be normal for most young children to participate in five to eight food events throughout the day. Different food events (ie breakfast, lunch, evening meals or snacks) may each have their own social context, with differing expectations from them. Each food event may involve a different basis from where food choices are negotiated and included. Parents may see some food events as being more important from a nutritional aspect, while other food events may be seen as being more important from a socialising aspect. This may affect the way in which children are allowed to behave or make food choices. Some food events such as school lunches may incur

more concern than others because of their public nature. The foods provided may be judged by teachers and peers.

2.12 Discussion

Although eating may be an ordinary, everyday activity with a biological imperative, it is not a simple process. Eating not only satisfies the body's physiological needs, but is associated with concepts of self, group and even nationality. Feeding children is a fundamental task of parenting but is loaded with cultural and social significance in a way that other aspects of their care is not. In this chapter, I examined the literature on families, food and eating from a micro-social, family orientated perspective and showed that despite the research that has been done through different disciplines, there is a paucity of Australian studies on food and family eating in which historical, social and cultural contexts are considered.

Studies about family eating can link the concepts of agency and social influences. In chapters four, five and six, I examine my results looking at influences and concerns of parents about their young children's eating. I use the sociological theories of knowledge, risk, time, self reflexivity, detraditionalisation and consumerism to indicate how changes in broader social processes may affect the way in which contemporary parents think and behave.

CHAPTER 3 METHODOLOGY

3.1 Introduction

This chapter presents a description of the research process and its limitations. As noted in Chapter 2, the study of food has been conducted by researchers from a number of different disciplines, using a wide range of research methods. Medico-nutritional sciences have tended to use quantitative methods producing empirical data about the food and nutrient intake of various groups. The National Nutritional Survey (1995) is a good example of this type of research. Social science perspectives use both qualitative and quantitative methodologies. Quantitative data has the power to give precise, descriptive information about a large number of respondents, while qualitative research can elicit depth and meaning.

The data collection upon which this thesis is based was part of a consultation process undertaken as part of my work as project dietitian in the Family FoodPATCH project with the Child Health Association in 2001/2002. Consultations were conducted with parents of young children in Tasmania in order to understand parental issues about feeding young children. This information was used to develop appropriate training and resources for 150 volunteer parents who were trained to promote good nutrition for children in their communities. Data from the consultation process of the Family FoodPATCH project has been used as the basis for this thesis.

Focus groups were used rather than quantitative methodologies as it was considered that issues for parents about feeding children were complex. Qualitative methodologies are particularly suited to research where the participant is acknowledged as the expert and where the focus is on the

dynamics of a situation or relationship (Morgan and Krueger 1998). Mason (1996; 4) identifies some common elements of qualitative research. It is

- grounded in a philosophical position which is broadly “interperativist” in the sense it is concerned with how the social world is interpreted, understood, experienced or produced.
- based on methods of data generation which are flexible and sensitive to the social context in which data are produced.
- based on methods of analysis and explanation building which involve understandings of complexity, detail and context.

Qualitative research aims to produce rounded understandings on the basis of rich, contextual and detailed data.

3.2 Features of methodology

For the consultations, focus groups were used to explore the issue of feeding young children from the parent’s perspective. Focus groups have been used primarily for market research but in recent years have been widely used as a social research tool (Morgan and Krueger 1998). Focus groups research typically involves group discussion with a small number of participants, usually between six and twelve, from a defined target group. Discussion is centred around a small number of questions focusing on the topic of interest. The moderator, usually the researcher, encourages an interchange of ideas among the participants. Participants use their own language and conceptualisations, and although the social situation is somewhat contrived, they do allow for the exploration of ideas by participants. Focus groups are an ideal research methodology to explore behaviour, beliefs and attitudes. One of the fundamental assumptions of focus groups is that the participants themselves are a valuable source of information and are experts on their thoughts and feelings and are able to reason about their behaviour (Krueger 1994).

The advantages of using focus groups include the use of group dynamics to identify the most important topics and issues perceived by the focus groups participants (Whelan, Wrigley et al. 2002), they are time efficient, provide instant verification of the data because of the inbuilt checks and balances of a variety of viewpoints, and they can be a source of rich data (Grbich 1999). In this study, using focus groups allowed for a more in-depth and open discussion than questionnaires, they enabled parents to be probed about nutrition issues, to elaborate on certain issues that may be relevant, and gave parents the opportunity to hear about what other parents were experiencing with their children.

There are also disadvantages and weaknesses to using focus groups. They can be time consuming to organise, provide opportunities for interviewer biases, only limited number of questions can be asked, the facilitator needs good group skills, the view presented can be influenced by the dominant person, and 'public' rather than 'private' views of the individuals tend to be documented (Morgan and Krueger 1998; Grbich 1999). To counteract some of these disadvantages, surveys using open questions were used to increase the range and number of parents reached. They also assisted in validating the results of the focus groups, and helped to further understand the food related issues facing parents.

3.3 Data collection

The data used in this study is secondary data as its collection was not specific for this thesis. This imposes major limitations around the questions asked as they were for the purpose of action research rather than for sociological research. This means that social theory was not used to frame the questions, that focus groups may not have been the ideal method to explore the issue of parental attitudes and behaviours, and that the focus groups may have been conducted differently with different issues explored.

However, it was instructive to look at same set of data and analyse it with different “eyes”.

3.3.1 Focus groups

Nine focus groups involving 48 parents with children under five, were conducted at different urban and rural localities throughout Tasmania. The venues were selected after discussion with local members of the Playgroup Association, the Child Health Association and the Child Health nurses. Participants were recruited through the Playgroup Association and the Child Health Association. Information was also sent to Neighbourhood Houses, Nursing Mothers, and Child Health nurses. At all venues except Orford, childcare was offered. As an incentive, all participant names were put into a draw for a prize. The advertised selection criteria was for parents with children under the age of 5. Parents upon their arrival were informed of the purposes of the research, were assured about confidentiality and were told that participation was voluntary and they could leave at any time. The focus groups took one to one and a half hours and although participants were not paid, refreshments were provided. Six focus groups were held at Neighbourhood houses, and one each was held at a Parenting Centre, Neighbourhood Childcare Centre, and a Community Health Centre.

A number of draft questions were trailed at the Parenting Centre and changes were made (see below for the questions asked at the focus groups). Not all the questions were asked at all the focus group due to time restraints. All focus groups were tape-recorded and notes were kept on the main issues discussed. A total of 48 parents attended. All participants were female and all were parents of young children under 5. Some parents also had older children.

University ethics approval was not sought as this research was not done as part of a university research project but was part of community consultations by non-government organizations, namely the Child Health Association and Tasmanian Playgroup Association (the organizations

managing the Family FoodPATCH project). Permission was sought and granted by the Child Health Association and Playgroup Association to use the data for this thesis and any subsequent papers (Appendix 1). The research was carried out ethically with the participants having the purposes of the research explained to them, they were informed of their rights not to answer or participate, and they were reminded of confidentiality within the group. They were given the opportunity to obtain further information on issues raised at the focus groups if they wanted it. Steps were taken to ensure anonymity and confidentiality of the data by not linking focus group comments with names or localities, and changing any names that were used in texts. Findings from the consultations were fed back to the participating parents through Child Health newsletters and Playgroup Association newsletters.

In addition to the information about parental attitudes obtained through the focus groups and questionnaires, I trained approximately 100 parents of young children as part of my job as project dietitian and discussed these issues with them over a 20 hour training course. It is likely that some of the conversations I had with these parents influenced my thoughts.

Questions asked at Focus groups

The following questions were asked at the focus groups.

1. What are some of your thoughts about feeding young children?
2. How do you think feeding children has changed since our parent's time?
3. Where do you think parents get information nowadays about how and what to feed their children?
4. How do you decide what the children should have for breakfast?
5. How do you decide what the children should have for lunch?
6. How do you decide what the children should have for tea?
7. What about snacking and young children?
8. Does the family eat together?
9. Who does the grocery shopping?

10. When you think about what you eat as a family, what factors are most influential?
11. Do you eat differently now compared to before you had the kids?
12. What things around kids and eating cause most worry to parents of young children?
13. What problems did you have with feeding your kids, either now or in the past?
14. How did you deal with them?
15. Are there changes to society that would help improve the diets of kids?

3.3.2 Questionnaires

As well as the focus groups, questionnaires were sent out through the newsletters of the Child Health Association and Playgroup Tasmania. There was no attempt to work out a response rate as it is impossible to get information on the number of parents with children under 5 in the two organizations. The questionnaires were mainly used as for validation purposes. The questions asked are below. There were 65 responses to the questionnaire. The questionnaire specified parents with children under 5. The questionnaire asked the following open ended questions;

1. What do you think are the important food issues for parents of young children?
2. What problems have you had with feeding your kids, either now or in the past?
3. How did you deal with them?
4. What would help parents and carers in your community to improve the nutrition of children?

3.4 Data analysis

The focus groups included 48 parents of young children. A total of 9 focus group discussions were conducted, each lasting 60- 90 minutes. A total of 12.8 hours of tape-recorded interviews were obtained and transcribed verbatim. The data was then analysed using thematic analysis which involved the systematic examination of the transcripts to identify and group

emergent themes, and then to code, classify and develop major categories of themes. Thematic analysis differs from content analysis in that specific categories into which themes are sorted are not decided prior to coding the data, although the general issues of interest are (Ezzy 2002). Initially the transcripts were 'open coded' that is, the transcripts were examined closely to identify common emergent themes. These themes were then explored and rearranged to produce new understandings.

The questionnaires were also open-coded and the results were combined with those from the focus groups. The information was used to validate the themes from the focus groups

3.5 Limitations of methodology

There were the following limitations to the methodology

- The use of pre-existing data meant that the questions asked at the focus groups were not as specific to the subject as if they were primary data.
- The participants were self-selected and unlikely to be representative of the whole population of parents of young children. The parents would have participated because they had an interest in the topic of feeding young children. This interest could be a general interest in nutrition or because they were experiencing problems feeding their children. Only mothers attended the focus groups which means that the father's perspective was not presented.
- Because the focus groups were held during the daytime, participants were generally mothers at home with their young children. It was thought that including questionnaires would give parents who were not able to attend focus groups an opportunity to participate.
- The fact that the facilitator was a dietitian may have influenced the way participants responded.

- In Tasmania, there is a dominant Anglo culture and this was reflected in the focus groups.

Nevertheless, despite these limitations, the study does help highlight some of the issues of family eating and the social pressures to which contemporary parents feel subject. Qualitative research assists with understanding how people make sense of the practices and meanings from their perspectives. The focus group transcripts and open-ended questionnaires provided rich data on the central research question of the thesis: to understand a parent's perspective on how food choices are negotiated in the family environment.

Focus groups have the advantages and disadvantages as previously discussed in section 3.2. The disadvantage of using secondary data is that it may not have used the most appropriate methodology to answer the research question. Other methodologies may have added to the research findings, increasing both the complexity and depth of the understanding of the research question. If this research was conducted under ideal conditions ie unlimited time and resources, the following would have contributed to an increased understanding of the issue around family eating;

1. As mentioned, only mothers participated in this research. The research would have been more indicative of what was happening in families if both fathers and children were included in the research. As this research project was specifically looking at families with young children, it would not have been possible to directly include the children, however the family interactions with children could have been observed.
2. Following up the focus groups with in-depth interviews of both parents would be appropriate for further investigating the concepts and attitudes picked up in the focus groups. The aim of such a technique is to view the world from the perspective of the respondent and aids in situating individuals in their broader social

and cultural context, (McCracken 1988). This would particularly suit this research question around parental attitudes.

3. Observations of families interacting around food would have been useful to obtain first -order data Whereas interviews and focus groups capture the re-constructed accounts of people interpreting their actions and thoughts, first-order data is collected as it happens (Grbich 1999). However this methodology is restricting as only small numbers of people can be effectively observed at one time.

Having a number of different research methodologies can assist with increasing the validity of the research. Each method is seen as having different strengths and weaknesses which, when combined can offset each other. (Denzin 1970). However most researchers have time and resource limitations and may be unable to achieve, as in this project, the ideal methodology but instead make use of the materials at hand.

CHAPTER 4 FAMILY EATING IN A CHANGING WORLD

4.1 Introduction

Although food choices within a family may seem very individual and influenced by factors unique to that family such as tastes of individual members, ethnicity, family dynamics, and cooking and shopping skills, what happens within the family occurs within the context of society. In a relatively unchanging society, feeding children would be a matter of continuing the food traditions of previous generations. Well-established and universal food rules would guide parents around what and when children should eat, how to train and discipline children to obey food rules and how foods needed to be prepared for children of various ages. Trusted and practical information about feeding children would be obtained by a generational transfer of knowledge. Although individual parents might have issues about feeding their children, most parents would feel confident that they were doing the “right” thing.

Changes in society affect the family, so it is difficult to talk about families and changes that have happened without reflecting on societal changes. The sociologist C. Wright Mills (1959) coined the phrase “*sociological imagination*” as a way of looking at the world and seeing that personal issues have a social basis and may be influenced by larger historical and societal trends. Changes in broader social processes such as, but not limited to, the economy, government policies, education, and technologies all affect the way that families operate. Over the last generation there have been major changes around families and food. Some of these changes include the food environment such as the way in which foods are produced and marketed, the types of food available, and the way in which foods are portrayed. Other changes are located within the family such as the affordability of food, time spent preparing and cooking meals and snacks,

ways in which families eat food, and attitudes towards parenting, nutrition, and children. How have these changes affected the way in which parents feed their young children? What are the concerns and issues of parents around feeding young children in today's rapidly changing society? How much do these concerns and issues reflect societal changes and how have contemporary families dealt with these changes?

In this chapter, parental comments at focus groups and questionnaires are used to examine perceived changes to feeding children in contemporary families. This gives an historical perspective to the discussion and confirms that contemporary parents feel they are subject to very different societal pressures than those facing previous generations. Sociological theories of self reflexivity/ individualism, detraditionalisation, time-poor families, and consumerism are used to explore the meaning and context of the parental comments and emerging themes about affect of the changing environment of the family and society on parental attitudes towards feeding their children. Attitudes are affected by knowledge and in Chapter 5, the impact of different knowledges of health and risk are explored. How parental attitudes and knowledge affects the way parents deal with their children's eating and how parents and children negotiate and compromise around food choices is discussed further in Chapter 6.

4.2 Changes to Family Food

4.2.1 Introduction

Parents in the focus groups overwhelmingly agreed that feeding children these days was different from in their childhoods. Generally they felt that some of the contributing factors were that parents nowadays were less strict, they had more money to spend on treats, children were given more choice, there was less time to cook 'homemade food', more food advertising was aimed at children creating intense peer pressure, there was more concern about nutrition in contemporary society, and that the range and types of

foods available had changed. Many parents felt that feeding children was harder these days due to these factors.

4.2.2 The changing food system

In every focus group, parents commented that the types of food that both children and their families ate had changed considerably from when the participants were young. The change was attributed to the increasing multiculturalism of the food supply and to the proliferation of convenience foods. Many parents commented that food was now more interesting and varied than when they were young, with foods such as rice, pasta, yoghurts, noodles and stir-fries now being standard fare in the family diet. In part, these comments reflect the Australian –Anglo nature of both the largely homogenous Tasmanian population and the focus group participants.

The whole issue of eating I think you know has changed from your traditional European meat and 3 veggies to more multicultural fare. I mean, we all probably have pasta, rice and noodles and all that would be standard fare now.

Yeah meals have changed. Like I can remember back to when I was a child, we always had vegetables every night, but now—I don't know, we have more stir fries, pastas and things like that.

There is an ever increasing number of new products in the market place. In the early 1950s, there were 1000- 2000 different food items on sale at local grocery stores. By the 1980s, that number had more than doubled and today there are some 40,000 different food items being sold in the average Australian supermarket. In America, some 13,000 new food products are introduced each year. The boom is in prepared meals, processed foods, carbonated drinks, snack foods, and refined breakfast cereals (Children's Health Development Foundation 2003). There has also been an increase in availability of more “multicultural” foods, with foods such as noodles, rice, yoghurts, and exotic fruits and vegetables now being served as basic food fare in contemporary Australian families (Sloane 1994).

Food customs have never been static but have been subject to change whenever new products are introduced and incorporated in the diet.

European diets changed considerably when novel foods such as potatoes and tomatoes from the “New Worlds” were introduced. Food customs are also likely to change when immigrants from different cultures introduce their cuisine. Having access to a greater variety of foods could drive the process of detraditionalisation where traditional ways of doing things are replaced by an increasing emphasis on individualism and self-reflexivity (Giddens 1991; Beck and Beck-Gersheim 1996; Jackson and Scott 1999; Beck and Beck-Gersheim 2002).

The processes of detraditionalisation and individualism require an active contribution by individuals. Contemporary parents have to make decisions that reflect their identity and beliefs about what they eat and what their children eat. They are no longer supported by traditional guidelines. In the supermarket, there are so many choices, eg choosing one cereal over others requires the person to reflect on issues around health, budgets, family food preferences, and convenience. For some, access to a greater variety of foods is seen positively.

I think you've got more variety now. I think like our parents maybe they had a lot less variety to choose from, so maybe they didn't have the amount of nutrition we can find nowadays with vegetables and stuff, we have so much variety and stuff I would say it is easier (to feed our kids now)

For others, the amount of choice and decisions can be overwhelming.

I think feeding kids now is probably more confusing (than in our parent's day) because there's so much variety. There's so much to choose from.

The range of individual choice around food is a relatively modern phenomenon, as historically, a persons' diet was prescribed largely by tradition, food availability and social status. In contemporary society, food industries are supporting the process of increased individual choice.

Repackaging food in small single serves (ideal for children's snacks or lunchboxes) is a way to maximise profits (DAA Conference 2000). These single serves are actively promoted to children, using sophisticated techniques including animation, special effects, fantasy characters, prizes and giveaways.

Some sociologists have commented on “children’s food” as a particular selection of foods deemed to be food choices especially suited for a child’s tastes. In the UK, these include foods such as sweets, crisps, fish fingers, baked beans and breakfast cereals (Charles and Kerr 1988). Children’s foods from the examples quoted, are perceived as being cheap, easy to prepare, have characteristics such as blandness or sweetness that children often find appealing and are easy to eat. They are also generally highly processed and are heavily promoted by food manufacturers. For manufacturers, the promotion of specially designated “children’s food” can help teach children to be active and demanding consumers.

From the focus groups, it was apparent that the idea of “children’s food” exists. They included similar foods to those quoted in the UK study, but also included recently available foods such as yoghurt and two-minute noodles. In addition, small serves of packet snack foods were also seen as “children’s food”.

It makes you wonder what our parents did, I mean, if we didn't have three minute noodles, I'd be gone.

What's available these days -- there's just so much on the market, you know, tiny teddy biscuits and things all packaged for children

It is interesting to speculate about why there are foods that are designated as children’s food. Twigg, (1983) has commented on status and foods, where meat is seen as high status and masculine and blander foods such as white meats etc as lower status and suitable for women, invalids and children. Is there a perception of “children’s food” because children are low status and so are given cheaper, often healthier foods? Or is it now market driven with manufacturers recognizing a market niche of catering to children’s tastes?

The dilemma for parents faced with a rapidly changing food system is that they cannot totally rely on tradition and the previous generation for advice on feeding children. They have to make decisions about suitable foods for their children within a food system that actively markets foods of poor

nutritional value to their children. Manufacturers also recognise that family time is limited and that convenience is highly marketable.

4.2.3 Convenience foods

As mentioned in the previous section, the number of products in supermarkets has increased rapidly over the last fifty years. Many of these are convenience foods. In the focus groups, there was a lot of discussion about the impact of “convenience foods”, “junk foods” and “processed foods” and their impact on the family’s diet. There was an implicit assumption made in the focus groups that everyone present would know the types of food meant by the terms “junk” food, “processed” foods and “convenience” foods. Mostly the terms were used to denote foods of little nutritional or moral worth. There were however slight differences in the way the terms were used although they were often used interchangeably.

The term “junk foods” was used for foods that were of poorest nutritional quality. The term included foods such as lollies, chips, chocolates, cordials and these were generally given to children as a snack or treat. No one ever suggested that there was any nutritional value in “junk foods” and there were strong undertones of morality and judgement around “junk foods”. Parents rarely admitted to feeding their children “junk foods” and talked scathingly of parents who did.

Well a lot of people these days feed their kids shit [laughs]. They do though, they feed them such crap sometimes, a lot of it's just junk food because it's easy.

There was also an underlying feeling that “junk foods” were also more desirable and fun than ordinary foods. Although they were of poor nutritional value, sometimes they were given to children for their emotional value eg for fun, for a reward, as compensation or for a distraction.

“Convenience food” was used to describe shop-bought foods that people used when in a hurry or if they had poor cooking skills. It was assumed that

“convenience foods” were not as healthy as home-cooked food. This term tended to encompass shop-bought cakes, biscuits, packet foods, pre-prepared sauces, frozen and tinned foods. Take-away foods were also referred to as “convenience foods”. Parents readily admitted to using “convenience foods” when they were busy.

To some extent I think it has because we're after quick-fix meals, we seem to rely more on convenience foods rather than, you know, spending all day in the kitchen preparing food.

The term “processed foods” was generally used when discussing the adverse health impacts of “chemicals” such as additives and preservatives used by the food industry. It tended to be used emotively with comments expressing anger and powerlessness at the health risks involved with eating “processed foods”. The type of foods encompassed similar foods to “convenience foods”.

Parent 1 *I've been a bit concerned that my kids will eat chicken nuggets and fish cakes and fish fingers all that processed food, but won't eat the real thing. It's got lots of chemicals and how much sodium is in all that stuff?*

Parent 2 *And antibiotics too.*

Parent 1 *Yeah, yeah and sodium is the other big thing too. You know, I try and check the cans, but some things don't specify how much is in, you know, processed foods and stuff like that and you think “Oh food is going to contribute to heart disease later down the track”.*

There were many comments around the increasing use of convenience foods in contemporary families compared to previous generations. Convenience foods were seen as less healthy than homemade foods.

You'd always have home-cooked stuff to take to school, well I did, and it was always healthy stuff, except you know, cakes mum had made and stuff like that, but always home-made stuff. We never had anything from the canteen. Yeah, I don't know, it has changed a lot, there weren't so many packet things, like I notice a lot of them put chips and yoghurts and stuff like that in their kids' lunches where we never used to do that. Mum used to give us like a vegemite sandwich and apples and bananas.

However convenience foods helped parents cope with their busy lifestyles by “buying time”. Making healthy foods was seen as more time-consuming and requiring more effort than using convenience foods.

I'm really sure that I want to make it really healthy, but quick food is hard. Really healthy like fruit and veggies and something that's fresh, it does take more time and effort to make up. Even a peanut butter sandwich takes more effort than a bikkie you know.

But all that stuff is convenient. That's it when you're stretched for time to find something that they will eat quickly like when you've got the kid screaming at you [couple of words inaudible] just eat quick biscuits and just feed them something. It's tempting to feed them junk when you're in a rush.

Buying convenience food effectively buys time for contemporary families with some of the labour involved with foodwork being outsourced to the food industry but there were overtones of guilt and condemnation.

One of the biggest changes to contemporary families is that an increasing number of women with young children are joining the workforce, with 63% of coupled mothers and 47.8% of single mothers in paid employment in Australia (Australian Institute of Family Studies, 2003). Gillis points out that previously, women's time was less regulated and they were the principal managers of family time (Gillis 1996). Whether or not they are in paid employment, women retain primary responsibility for unpaid work in the home. With the birth of a child, women's unpaid work increased from 36 hours per week to nearly 56 hours per week. The number of hours of paid work a man does also increases, although their unpaid work does not (Bittman 1991). Childcare and house work generally continue to be seen as women's work (Baxter, Gibson et al. 1990).

The increasing involvement of women in the labour markets has resulted in a steady increase in family incomes; whereas previously money was in short supply, necessitating the production of home-made foods such as biscuits and cakes, for many contemporary families, it is **time** for food, not **money** for food, that is in short supply. Whereas in economically-poor families, the food budget is seen as elastic, in time-poor families, the elastic part of the "time" budget may be food preparation and cooking. Cooking itself has become less and less necessary with the purchase of convenience foods where much of the work of food processing is done away from home. As well the growth of the restaurant trade and expansion of fast-food outlets

provide new options for purchasing meals rather than preparing and cooking them.

An effect of this convenience can lead to loss of some of the traditional skills associated with domestic food production and preparation.

But I think the difference is that there weren't the processed foods around when we were kids. There wasn't the opportunity. Most families had a veggie garden because they'd lived through the depression and all of that and they knew that had to fend for themselves and yeah the convenience of the big supermarkets wasn't there in their days. It means people don't have to grow things and how to bake things and how to even make a casserole because you just buy them in a jar and add meat, I think is really tragic.

With modern parents knowing less about how to grow, preserve and prepare foods, they are increasingly reliant on a food industry that they don't necessarily trust or have knowledge about. Parents can also feel remote from the food sources. This deskilling and disempowerment could be an aspect of detraditionalisation.

There was also the perception that children had a preference for junk or convenience foods over home-cooked and fresh foods.

I find myself that if it's processed it's got no trouble going down the throat, but if it's natural "no way". No, they're not interested.

Dorothy *Is it a difficult task feeding your kids?*

Parent *Well if you feed them junk food, they are happy.*

The option of using convenience foods was not previously available to parents and causes a dilemma. Feeding children "junk" or "convenience" foods is perceived to be quick and easy and keeps the children happy, but the foods are perceived as being not healthy. Although parents may be conscious of "good" nutrition, they compromise and use less healthy convenience foods at times, especially if they are busy or need to placate the children. Backett and Davidson (1994) found that people adopt what they saw as reasonable courses of action in terms of costs and benefits. They practised "trade-offs" in terms of eating healthily versus unhealthily, well aware that risky behaviour can be life enhancing even while it is not health

enhancing (Backett, Davison et al. 1994). The use of “junk” or “convenience” foods by parents is not necessarily based on a lack of nutritional knowledge but may be the balancing of present needs (getting the children fed quickly) against future risk of poor health. Although these foods may not be “health-enhancing” they may be “life-enhancing” if they enable the family to cope with the pressures of everyday life.

4.2.4 Food Advertising

Contemporary parents felt that they were more subject to food advertising than previous generations.

Parent 1 I think advertising makes it really hard for parents.

Parent 2 Yes the advertising because kids go “Oh I want that” -- you know -- or “My mates have that kind of thing.

Parent 1 It sure does. The things go on TV and the kids go “Can we get this?” and they use competitions and everything to bribe them don’t they?

Parent 3 Yes to bribe them.

Parent 1 Yeah and even you know they don’t actually want it, but they want the card.

Parent 2 And stuff like that, the things they put in chip packets. There was a time there where kids were throwing away the packet of chips -- just buying the chips for the cards.

Over recent decades there has been consistent concern about the targeting of young people by advertisers. Both Marion Nestlé(2002) and Lang (2003) have drawn attention to the ways in which food industries market to young children. At earlier and earlier ages, children are aware of advertised brands and establish firm preferences for them. To reach children, marketers employed a variety of methods including television advertising. As well as advertising, food marketers reach children in other ways in such as sports sponsorship, prizes, and teaching materials used in schools.

Australia has the dubious distinction of having more food advertisements during children’s viewing time than any other country (Children's Health Development Foundation 2003). Advertising can work directly encouraging

children spending their own money but more often it is through them influencing family purchasing. Children are taught to be consumers not only through the direct experience of shopping but also through the powerful medium of television. A US study found that more than 10 % of 12 to 13 -year-olds admit to asking their parents more than 50 times for a product they have seen advertised (Morton 2003). Australian children aged between 5 -12 years watch an average of 2 hours 31 minutes daily and are exposed to between 23 to 30 advertisements in this time (Carter 2004). Most of the advertising is for foods such as chocolate & confectionery, fast food restaurants and sweetened breakfast cereals with an average of 72% of food advertising promoting foods of low nutritional value - foods high in fat, sugar or salt (Chan and Hedges 1995; Hammond, Wyllie et al. 1999).

Parents recognise that food manufacturers are deliberately targeting children using sophisticated techniques including animation, special effects, fantasy characters, bright packaging, prizes and giveaways.

See my son like he likes to have money to go and buy Dragon Ball or Digimon chips. He doesn't keep them, he goes to school and swaps them. That's what he does, he goes and trades. That's reward like, if he wants something he's got to ask for it. I've brought my son up not to steal -- well all my kids not to steal, if they want something they've got to ask me and they'll get it and that way mummy doesn't go off her head. It drives me crazy though the chips and that you know.

In the questionnaire when asked, “What would help parents and carers in your community to improve the nutrition of children?”, many responses were about limiting food advertising to children;

make a stand against foods of low nutritional value – not being swayed by advertising jargon

less commercial exploitation of children's diets

less misleading junk food advertising on TV

Parents with one child could keep their child relatively “uncontaminated” from the pressure to consume junk or convenience foods until they were in a

situation were the child could observe the foods the other children were having at childcare centres and schools.

I found the kindergarten year was a real bad year for introducing everything you'd totally avoided for the last four and a half years, because you send your child off with a box of fruit and, you know, a healthy assortment of foods and they've got -- you know I've seen some children's lunchboxes that don't have a nutritional -- that it's totally processed, wrapped, fun foods.

Food advertising was seen as undermining parents' determination to provide the children with healthy foods. It was felt that food companies deliberately targeted children and encouraged children to pester their parents for junk food or brands that were more expensive. However, not all parents are passive in the face of food advertising but actively resist the effect of consumerism on their children's food preferences. They used terms that evoked pictures of war such as "battle" and "fight".

I found it a real battle here. It was really hard to -- you know we ended up buying little snap seal bags and putting stickers on them to make them look like it was a fun food, yeah. Yeah so you could buy little dried fruits and nuts and whatnot and put them in and label them with stickers and happy faces and all that sort of stuff, so it was something then they had that was really special that, you know.

Many parents however, felt that the practice of including treats and junk food in children's lunchboxes is so widespread and accepted as the "norm" that if they didn't include them they will be seen as a "horrible parent". It does place some parents in a dilemma as small serves of packaged foods is more expensive, especially if there are quite a few children in the family. There are also concerns about the litter packaging produces.

It's so crazy though. I mean I -- yeah I'm a horrible parent, but I just won't buy them. I just tell them "No". I flatly refuse to buy the snacks and the whatever, so that's that because it -- I just figured out it was going to cost me an awful lot of money by the time I packed four lunchboxes to do that and I figured -- I mean every now and again they get them. I not saying they don't, but I would prefer to buy a box of BBQ shapes and put them in myself, you know, instead of buying the little packets of whatever and I always put them in a little plastic container, because they don't throw the plastic away.

Many parents expressed anxiety that if they didn't include the junk food in their children's lunchboxes, the children might feel different and it could impact on their child's treatment by their peers.

Parent I'd like to know ways how to deal with kids wanting to eat, you know, junk food that they see other children eating when they're away from me, other than the hard way to say "No, you can't have it" because I don't want them to miss out.

Dorothy You don't want them to be different?

Parent Yeah, that's right, yeah.

Some studies have confirmed that the consumption of snack foods affects the child's social status and sense of belonging. Gora (2002) in his study of consumption of food by Tasmanian primary school children, found that there was sharing of food among friends at school. "Junk" foods such as lollies rather than proper lunches were more likely to be shared, and sharing tended to happen within friendship groups. Children interviewed varied in their opinions as to whether or not sharing snack foods contributed to a child's status (Gora 2002). In China, Chee (2000) found that purchasing and consuming trendy snack/junk foods had a decisive impact on a child's social inclusion and exclusion. Thus although a parent may be a "good parent" by giving their child healthy foods in their lunchboxes, there is the dilemma that this may, in fact, affect their child's status with their peers.

In contemporary society, children are subject to peer pressure from an earlier age due to attending playgroups and childcare. Children are not passive actors when it comes to their own diets. They do not meekly accept the food provided for them but attempt to influence the food choices in the family. A number of authors have commented on the family as a "training ground" for teaching young children how to become consumers (Langer 1996).

My child went to childcare the other week. I packed all this healthy food and I got there and they were having a meal-time. All these other children had heaps of shapes (savoury biscuits) and sweet biscuits and things like that and so was like well... but since then he's been wanting them now he's seen what the other children are eating.

If the “norm” in contemporary society is to allow children “junk” food and treats when eating in the public arenas of schools, kindergarten and childcare, it requires both determination and conviction on the parents’ part to resist the pressure both from their own child and from society as a whole. From parental accounts, they are more likely to give their child “junk” food when the child is eating away from home, in particular when the child is subject to scrutiny from their peers. Not only is the family a “training ground” for budding consumers as posited by Cook (2000), but the public arenas of school, kindergarten, and childcare are also unintentional “training grounds” for children as consumers.

I think schools should promote healthy eating and nutritional eating rather than all the kids bring how ever many bars or Mars bars and things like that. You know you don't want your kid to feel different, you know bags and bags of chips and chocolates and you're the only one with your carrot sticks and celery and cheese.

Many parents commented that schools should be promoting healthy eating. However Nestlé points out that in the US, food marketers have targeted schools as sites to promote their products. She comments that many schools have given up responsibility for what kids eat, by allowing food companies (including some fast food companies) to take over food provision within the school. They are also permitted to sell soft drinks, with some schools in selling pouring rights, that is, they allow particular soft drink brands to be sold in return for lump sum payments (Nestle 2003). The situation is not as bad in Australia as unlike in the the US and the UK, Australian schools do not have school meal programs. However, many school canteens/tuckshops, sell food items such as lollies, soft drinks, and fried foods to children despite teaching about good nutrition in the classroom. In most states of Australia, there have been moves to encourage school canteens/tuckshops to provide healthier food options, but it is not compulsory.

In the first few decades of the century, most goods and services that children purchased, with the exception of comics and toys, were not designed or

offered with their exclusive needs and wants in mind. By the 1970s, children were seen as “little consumers” whereby satisfaction produced by the possession and use of products became increasingly important (Cook 2000).

Children aged between 5 to 13 are in a period of “consumer apprenticeship”. They are taught to consume both through their direct observations of modern society and indirectly through television. When children are younger, they are given food choices but it still tends to be very much under the control of the parents. However as the children get older, they are more able to exert their power as consumers. Treats such as chips, lollies, chocolates, soft drinks, and ice cream were at one time limited to special occasions such as birthdays and Christmas but now many children consume them on a daily basis.

Studies indicate that children are a major influence on family consumption, but there are few studies looking at the process and how it affects parental attitudes and family food purchases. Chee in her study of only children in Beijing and the pressures on them to consume snack foods, observes that “encouraging children to become active and competitive consumers holds great promise for the sale of consumer goods in China” (Chee 2000). Gillette (2000) comments that Muslim mothers who pay a lot of attention to their food being *qingzhen* (meets Islamic standards for dietary purity), did not worry about the children’s snacks being *qingzhen*. Chee (2000) also comments on parental inattention to snacking by children. There may be “trade-offs” in the family around what foods are permitted at what food event, with “junk” foods being recognised by parents as being unhealthy but being permitted when the child is with their peers or in the public arena to enhance their social status. Within the home, parents may pay attention to the health aspects of their child’s eating.

Concerns have been expressed by some about exploitation of children as consumers by corporations and the media (Steinberg and Kincheloe 1997).

Others argue that children are active in their construction of the world and that consumer goods are part of that world (Cook 2000).

4.2.5 Family income

The proportion of total income spent on food has declined. Most families do not suffer hunger because they cannot afford food. As people's incomes increase, the quality of the food usually increases, they eat out more frequently, and are able to indulge their taste for specialised or exotic foods. For families in lower socio-economic groups, the amount spent on food may be elastic, if there are extra bills, they may spend less on food. Studies have shown that above a certain minimum income, cost of food was not a big factor in food choice decisions. (Caplan, Keane et al. 1997; Crotty 1999).

In the focus groups, there were a number of comments that families were now smaller and there were fewer concerns about the costs involved with feeding children. In previous generations, the cost of food meant that food was fairly basic and experimentation with food was less affordable. Foods such as fruit was comparatively expensive. Snacks were homemade and many families had vegetable gardens to supplement their diets.

I sort of think things are a little different for me, you know, from my parents because they had six kids you know and so there just wasn't very much money and so, you know, like they'd buy fruit, but it was all gone, all that sort of stuff.

In contemporary families, there is more money to spend on extra food treats.

My parents because we grew up in a mining town they would only buy, they'd get a grocery order on a payday and that was it -- like there weren't extras. Whereas I tend to have a pantry with things -- you know there's always something to choose in there, but we grew up with just a packet of chocolate biscuits -- there was a packet of chocolate biscuits on payday and that would be it.

Having more money to spend on food and fewer mouths to feed, can result in a dietary improvement if extra money is spent on extending the range of

healthy foods available and buying good quality foods. However the dietary quality of the families diet can be compromised if extra money is spent on foods of poor nutritional quality.

Some food items such as icecream and chocolate previously regarded as “celebration foods” or “luxury items” now appear to be either common fare or are given to children as treats.

Well I remember, I mean chocolate was a real luxury that was only shopping day and you used to get two little squares and that was it, but it's fairly abundant now.

The same with icecream, we didn't get much ice cream. It was a luxury, but not now.

Having a greater income to spend on food may also contribute to the processes of detraditionalisation and individualisation within the family. Foods such chocolate, ice-cream and biscuits were traditionally celebration foods but are now eaten as “normal” fare because people can afford to do so. Also in contemporary families, there is a greater scope for allowing family members food choices than there was in previous generations as family incomes permit more to be spent on food. It is easier to cater for individual food preferences in smaller contemporary families, particularly if there is enough money to purchase single serve packets of food.

4.2.6 Discussion

Changes in society both structurally and socially can impact upon family life. In the focus groups, parents made many comments about how the changing food system impacted upon what and how the family ate. There has been a huge increase in the range of foods available through exposure to multi- cultural foods but even more so through the production of convenience foods. The proliferation of convenience foods and the advertising that accompanies them was felt by parents to put them under intense pressure to allow their children to eat “junk” food especially in the

public arenas of childcare and schools where they are subject to peer pressure. Although some parents resisted this pressure many parents felt it was now the “norm” for children to consume these foods. It was hypothesised that in contemporary society, the family and institutions are unintentional training grounds for children as consumers.

In order to sustain the modern consumer society, individuals need to be trained to be consumers. Advertising encourages individuals to identify themselves in terms of consumption rather than production; as Coke drinkers, Ford drivers, Billabong wearers rather than through what work they do or who employs them. As Langer comments;

“People's sense of who they are, is increasingly constructed and less defined by class position than by the 'lifestyle choices' implicit in such things as the labels on their clothing and sneakers, the logos on their sweatshirts and baseball caps, the houses they live in, the music they listen to, the cars they drive, the food they eat and where they eat it, their leisure activities, and their holiday destinations.” (Langer 1996):62)

Children from a young age are susceptible to advertising and identify with products. One of the first situations in which children can assert themselves is around their eating. Family eating epitomises the process of individualisation as it is a site of continuous juggling between individual family members and their specific nutritional needs and preferences. In contemporary society, parents allow children to express their individuality by giving them choices. This process of individualisation of eating within the family has been aided by technology with the advent of takeaways, microwaves and individualised packaged snack foods. Parents can now cater for and defer to their children's individual food preferences in a way that was not possible in previous generations.

In modern society, the diverse range of foods available enables (or forces) individuals to make food choices that reflect their taste, lifestyle and food

beliefs. In this way, the medium of family food can link social changes such as detraditionalisation and individualism to structural changes in society such a changing food system.

4.3 Changes to family eating

4.3.1 Introduction

As well as there being significant changes to the structure of the food system as discussed in the previous section, there have also been changes within the family environment. Having a family is a common part of people's lifecourses and affects food choices of the parents for a variety of reasons. Parents also have to negotiate food-rules and food-work in a rapidly changing world where these things have to be decided rather than simply following tradition.

4.3.2 Transition to parenthood

Most parents in the focus groups felt that they changed their roles, types of food eaten and family time since having children. Having children usually leads to profound changes in the family dynamics with the mother taking on a greater role in household management. Family time becomes more structured and routine as parents need to adjust to the feeding demands of young children. The types of food eaten usually change with many parents making a greater effort to ensure that the family diet is healthy as parents feel responsible for a child's health as well as their own.

Role changes

There were many comments about role changes brought about when having children. Most of the onus around deciding what to cook on a daily basis falls on the woman. This can cause some resentment and frustration as is demonstrated in the following conversation in one of the focus groups

Dorothy *So do you think you eat differently now than before you had the kids?*

Parents *Yep [lots of replies "yes"]*

Dorothy *In what ways?*

Parent 1 *We used to eat whatever we felt like it. Whenever tea happened to be ready whether it was seven o'clock, or nine o'clock or ten o'clock at night, you know, but now we try to get routine in it and I used to be able to think about what I cooked, but now I don't feel like thinking too much.*

Parent 2 *We used to eat out a bit and now we don't.*

Parent 3 *I used to live in a lot of share houses when I was younger, and some of the people I lived with were cooks and it was great you never had to cook every night when you were in a share house, yet in a nuclear family it always has to be the woman.*

Parent 2 *Unless the woman is out working full-time as well.*

Parent 1 *Mother turns into a housewife you know.*

Parent 2 *You just generally have turned into a slave.*

Parent 3 *Well before I never cooked at all. I was always in share housing or eating takeaways.*

Parent 1 *It's hard to think what to cook every night you know.*

Parent 3 *Because I never cooked, I've had huge shock. I'd never been grocery shopping.*

Although there is a transitional period in people's lifecourses when they start living with a partner where they modify their diets to fit in with their partner's, having children forced many women to not only to change their own diets but also made them take on the role of "housewife" with greater responsibility for domestic work. There were a variety of comments about how much the women deferred to their children's and partner's food preferences. Some mothers felt quite strongly that they could dictate family food choices as they did the food work.

I control the budget for the household food and what goes on the table is what I prepare.

I just figure I've got to cook it so it's whatever I feel like.

Other mothers attempt to cater for their family needs.

I get all the peoples' needs across our family with their different taste requirements and that I find very difficult to do that I actually -- you're cooking more, or providing more, or preparing more whatever.

Since we've had children, our children decide what we eat. I used to be a person who would eat basically pasta or, you know, curries and rice and that kind of thing. My husband is also a very big potato eater so we've gotta have potato. I used to go through a 2 kg bag potatoes once a month. I now go through about three of those a week. But yeah we're now having to eat bland, boring foods.

There have been numerous studies that have shown that women in to bear the responsibility of food work in families (Charles and Kerr 1988), with studies showing that they deferred to the food preferences of other family members (Murcott 1983). The mothers in these focus groups showed that although many women do defer to the husband's and children's food preferences, it is not universal.

Some women in the focus groups did resent having to take the role of being responsible for their family's meals and felt that men often were critical of the way they managed feeding the children. As the focus group consisted of mothers of young children who were able to attend during the daytime, it is likely that they were mothers staying at home and either not working or working part-time, it is not surprising that most had the primary role in feeding children. There was occasionally conflict around the role that the male partner took when he arrived home:

Parent 1 *Especially if you're tired and you haven't got any energy left and sometimes it's just easier to say "Well go get a biscuit" and Craig says "Why did you let him do that?" and I say "You haven't had a screaming baby and all that".*

Parent 2 *It can be really frustrating when your husband says that "I don't know why you do that, you should be stricter" and you think "Well you haven't put up with it all day".*

Mealtimes and food events can become a site of tension once children are born. This has been noted in a few studies (Burgoyne and Clarke 1983). In her book "The Time Bind", Hochschild (1997) suggests that some women work outside the home to avoid being totally responsible for domestic duties that would also include feeding young children. However other studies

have suggested that even if the woman works full-time, her partner does not necessarily increase their contribution to housework (Bittman 1991; Byers and Wilcox 1991).

Changes to parents' diets

As well as commenting on the change in their roles, parents in the focus groups also felt that having children had changed their diets. There are many reasons why parents might change their diets, some did it because they felt responsible for their children's health and the changes are a reflexive response:

Oh you know what I mean, you don't have to look after yourself that much, but when you get your kids you are suddenly responsible for somebody else's health. That's it, so it does change.

Parents' concern about their children's health could be part of the discourse around expert advice as proposed by Coveney (2000). The responsibility that parents feel may be due to societal discourses around being a "responsible" parent and a "good" citizen.

You spend less time at the pub [lots of laughter]. Yeah my money gets spent on food now. Yeah we probably eat a lot more fruit and we eat -- always have vegetables -- like always meat and veggies or rice and veggies, but, yeah, I think we eat more fruit in the house now.

Expert advice provides a yardstick by which parents can judge themselves. If parents are changing their diets consciously because they have absorbed a discourse around parental responsibility and are taking note of expert advice, it would be expected that the changes would be healthier.

Parent *The arrival of a child has meant that we actually eat better.*

Dorothy *You eat healthier now?*

Parent *Umm because we not eating take-away much -- we have two levels of cooking, but we use the same food.*

Dorothy *How do you work out two levels of cooking?*

Parent *Oh easy, her vegetables are mashed and they're cooked without salt and ours, you know, we prepare it the way we want it.*

However, there were quite a number of parents who felt their diet had worsened since having children, and blamed it on the purchase of snack and processed foods bought for the children.

Well I think I've put on a lot of weight since my second child. I think it's actually over-eating. I eat much more. It's because I have more access to things like biscuits that I never would have dreamed of having in the house before.

I always ate fruit. Probably when I used to work I didn't eat vegetables as much. I probably eat fruit more frequently during the day. I think I eat desserts now. Like I always keep yoghurts and I frequently make a jelly -- a fruit jelly. I never used to eat ice cream, but do now.

The presence of foods such as biscuits, jellies, and icecream since having children, would appear to indicate that these foods are now purchased for the children. Parents buying these foods of lower nutritional quality only once they have children, supports the idea that these foods are perceived as “children’s food”. Since these foods are of low nutritional value, there are factors other than health considerations influencing the way parents feed young children.

There were comments around dietary changes when having children due to economic necessity:

The only thing I've changed is we don't eat steak any more as it's too expensive.

Because a lot of the time you give up work for how ever long it is, whether it be a month or twelve months, you're back to one income or no income depending on your circumstance and yeah you can't be just buying all these weird and wonderful foods that they don't like anyway just because you think you're doing the right thing.

As reflected in the above quote, a reduced income may mean that parents can afford less variety and are more likely to consider the children’s likes and dislikes rather than offering foods that may be refused.

Participants in the focus groups deferred to the tastes of their children and gave up eating the more interesting and tastier foods they preferred.

Well we wouldn't eat curries now. We sort of go around what she eats, she's got a fairly big range. Yeah, it's probably healthier

We used to eat gourmet food and there was always a baked dessert and all the rest of it, now we have the meat, potato, carrot and things.

Although parents are aware of their responsibilities to feed their children healthy foods, this is not their only consideration; children's food preferences affect the family diet with parents modifying their diets to cater for them.

4.3.3 Food rules

When asked what had changed about feeding children compared to when they were young, the most common comment was that food rules were less well defined and not as strictly enforced. The example that was often quoted was of eating everything on their plates.

We weren't allowed to move off that table till we ate every single little tiny bit off our plate and I remember I couldn't eat peas. It used to make me spew -- I used have to sit there until I had eaten them and I used to sit there honest until about 10/10.30. Everybody else would be in bed and I'd still have to sit there and eat my peas and he'd (stepfather) be banging his arm on the table and everything would be bouncing off the table.

Contemporary parents were less likely to enforce the rule of eating everything off their plate and tried to lessen potential conflict.

You were dished up what the meal was and you didn't leave the table until you'd eaten everything off your plate whether you liked it or not. Whereas I tend to find if I know that my children will not eat that particular vegetable, I don't dish it up, because I don't want a fight. I'll give them one tiny piece that I expect eaten, but not a whole lot.

The general consensus around why food rules had changed was that contemporary parents are less strict with their children and that family eating is less formal. This could reflect a decline in the authoritarian style of parenting where there was an expectation that children would be obedient, and if children resisted, they would be punished. Enforced

obedience was necessary to maintain the authority of the parents, with some parents enforcing their rules in ways that would seem extreme by contemporary standards.

I was one of those stupid, slower eaters and one-time my mum and dad got sick of waiting so they left the table and I went straight outside and buried it (the sandwich). This had happened many times with honey sandwiches. I hated honey sandwiches that's why I buried it and they saw me and they went outside and they said " You unbury that and eat it" and they made me eat it. Now I wouldn't dream of doing that to my kids.

In previous generations, parents used considerable power to enforce food rules often creating an atmosphere of conflict and potential violence. Children had a number of ways of resisting food rules such as slow eating or food concealment. Even after becoming adults, it was obvious that for some people, the enforcement of food rules still caused resentment and being forced to eat certain foods they disliked gave them a lifelong distaste for those foods. Contemporary parents are more likely to consider the child's food preferences.

Having food rules that were strictly enforced supported the traditional authoritarian family structure. Ulrich Beck(1992) and Anthony Giddens (1992) have discussed the "detraditionalising" of modern society where pre-existing traditions are increasingly undermined and are being replaced by a society that is increasingly forced to be more reflexive as there are fewer and fewer guidelines. If there are fewer traditions and guidelines around feeding young children, then parents have to make a more active effort to do the "right" thing. Beck and Beck-Gersheim (1996) attributes the decline in certainty in modern society as part of the process of individualisation. This uncertainty is articulated in the following quote from one of the parents.

It's a lot tougher I think being a parent these days. You know when I look at my parents and, you know, there were rules. They had these strict rules. Whether or not they worked, but they had these rules, so they didn't doubt so much about whether they were doing the right or the wrong things. Well now, you know, people go through this "Are we doing the right thing? Should the kid have more choice or less choice?"

The change to a more informal, child centred family reflects general changes in society where authoritarianism is challenged and individualism is encouraged. Roles within the family become less clear-cut, leading to a process of negotiation and compromise. Parents are more likely to take notice of their children's likes and dislikes and are likely to relax the rules in order to reduce conflict. When modern parents talked about what they had experienced as children, many had made a conscious decision that they were not going to be as strict and uncompromising as their parents had been.

Yeah, I guess some things have changed because most of us are reasonably relaxed about our babies and toddlers eating and I believe that a generation ago, people would be really, really uptight about letting the child to eat at a certain pace. Thankfully I guess most of us don't stress over that too much, punishing the child if they don't eat, making them sit there for hours, forcing it down their throat.

I think when I was a child my parents were much stricter. Like we weren't allowed to leave the table unless we'd eaten -- you know cleared our plate. We very rarely got treats. Desserts were once a week. Whereas now it's -- yeah I find it really hard to crack down and make them eat. Yeah it's too -- it's sort of you don't -- because I didn't really go much on that when I was a child and you don't want to force that on them. Well that's how I feel.

In contrast to the formality and expectations of children sitting up to meals of previous generations, there is a greater acceptance that children are likely to graze rather than sit up and eat formal meals.

It's more accepted for them to graze these days than be at a structured meal kind of thing.

And often they're better off grazing through the day than they are than trying to get a little stomach to sit down to a plate full of food.

However, this can cause problems to some parents, especially if one parent wishes to keep to the food rules of their childhood. In previous generations, where there were well defined food rules and a patriarchal family structure, the sort of marital conflict and frustration alluded to in this quote would be less likely.

...my partner he grew up in a house where they were kept out of the kitchen—you know he's been reluctant to let him play with the food. It is being really an uphill battle for me trying to teach him to be more relaxed

about it, and I find G's attitude to be quite stressful. You know "why isn't eating his food? Has he eaten anything today?" You know and he sorts of expects him to kind of sit there and eat a proper meal and I sort of point out that he's eaten this, that and the other today and, you know, he's only got a small stomach. But I would say that is just what he grew up with and he hasn't really thought about it much expecting a two-year-old to use a knife and fork.

Although there was general consensus that young children need to graze, it can result in poor eating at mealtimes and subsequent wastage. Parents identify it as a source of frustration when time, money and effort have been put into preparing a nutritious meal that isn't eaten. Although there is ready acceptance that the food rules have changed and children should not be forced to eat everything on their plates, there can be a tension when applying it.

And also if they don't eat it you have to throw it out and I dislike the waste because I've got three kids and if you get three kids that don't eat their meal properly you have to throw it out, you can't leave it there to the next day.

It is more economical for children to eat all their food. When money is short, it makes sense not waste food. Quite a number of parents expressed the dilemma of reconciling their childhood food rules (that children should eat proper meals and that there should not be wastage) with the newer food rule of children not having to eat everything on their plates. The erosion of this food rule could be due in part to the increasing affluence of families generally as well as a different style of parenting.

Another change in food rule that a number of parents commented on was the increased willingness to involve children in the kitchen. Parents commented that in their childhood, the kitchen was off limits to children.

... for them to be more involved -- like she's (the grandmother) quite shocked that Matt makes his own milo when he wants one and will do these things. Go to the fruit bowl when he wants one whereas the kitchen was not a place for children when we were growing up. We weren't actively involved in the creating of the food, which I find makes a big difference.

This food rule may be a reflection of the perceived role of women in the family home. When the family home was perceived as the women's

domain, husbands and children were actively discouraged from participating in foodwork as it was the women's workplace. Perhaps as women ventured more into the public domain to work, they were less likely to defend the kitchen as their workplace and coupled with increasing time demands more likely to encourage both male partners and children to be more involved in foodwork. The design of kitchens may also have changed with the kitchen being increasingly incorporated into the living areas of houses.

Although food rules may differ between families, there are cultural bases to common food rules. The fact that food rules have changed means that parents have been subject to discourses that reflect a societal change in the thinking around how and what parents feed young children. Confusion or reluctance around the adoption of the dominant discourse results in guilt and frustration on the part of the parent. Some parents are reflective and consciously decide on the food rules for their children but many parents struggle to reconcile the old and the new.

4.3.4 Intergenerational issues

As discussed in Chapter 2, generation is becoming an ever more important social division affecting consumption. Although grandparents were often sought for information and help with feeding children, there have been substantial changes to the environment in which contemporary parents feed their children. As previously discussed in this chapter, there have been changes to the types of food available, parents are more subject to pressures of advertising, families have more money to spend on food but less family time, foodrules have changed, and children are more involved in food choices. The older generation may feel that they can offer practical advice based on their own experiences but parents may doubt the usefulness of that information in a contemporary setting, resulting in parents feeling pressured.

I think it needs to go past just parents -- it needs to go to grandparents because there is a lot of pressure from our parents..... If I hadn't had been

strong enough and had a supportive husband then I'd have probably caved in. So there's a lot of education that needs to happen with the grandparents as well I think that -- even just to the point of talk to your children and trust what they're doing.

Many of the parents complained about how the grandparents feed their children “junk” food. This could be because they did not feel responsible for their grandchildren’s health and were more interested in food that symbolised love and caring. The foods that parents were concerned about tended to be “children’s” food or “celebration” foods, foods which are life-enhancing rather than health-enhancing.

Like I find one thing difficult going over to their grandparents because she'll go and buy a packet of chocolate frogs and a some tiny teddies and I'd much rather she went a bought, you know, a big bag of fruit and we had that chopped up than just junk.

Dorothy *What happens when they go to their grandparents?*

Parent 1 *The grandparents they just treat them with lollies and stuff.*

Parent 2 *Yeah, give them what ever they want.*

Parent 3 *No, but I sort of told the grandparents they weren't allowed to.*

Parent 4 *We have a treats day at our house and it's the only day they're allowed to choose something from the shop and if that's the day they're at their grandparent's house well that's the day they get their treats from Nanny and Poppy too. The other days of the week aren't treat days. We don't eat that sort of food on the other days of the week.*

Contemporary grandparents may have less influence on how and what parents feed their young children as parents have alternative sources of information, and often do not live in close proximity. However, as I discuss later in Chapter 5, parents use multiple sources of knowledge and are often sceptical of expert knowledge. Family and friends are an important source of knowledge as shown by the study by Graham et al., (1999, 2000a, 2000b) [Figure 4]. Their studies did not ask which family members, ie siblings or parents, were used as sources of information, but it is likely that grandparents are an accessible source of everyday practical knowledge to some parents.

4.3.5 Family time

One of the biggest changes in contemporary Western society is that family time has been restructured due to mothers returning to the workforce either part or full time when their children are young. This results in family members eating away from home more, the increased use of convenience or take-away foods and the increased involvement of children in food-work.

Within the focus groups, there were a number of comments about the effect of children on mealtimes. For most parents, their lives become more routine as children demand to be fed at regular times;

I probably eat more regularly now. Before kids, we would eat when we felt like it. Like it wouldn't matter if it was 8 o'clock at night, but now I have more of a routine with my eating.

We could be down visiting friends all day and then probably have lunch like 2 in the afternoon. Now it's more regular times.

For some families, there were some difficulties in incorporating children's demands for frequent feeding into family mealtimes and routines. This could be a temporary situation related to the child's age

I think our big problem has been changing the idea that you should sit down and eat a decent size meal. Our 3 year old seems to want to have three pieces of cheese at say 4 o'clock, an apple at 5 o'clock, a sandwich at 6. He can't sit down and eat a decent sized meal like say we think we should.

Young children usually demand to be fed regularly and frequently and this can serve to impose a routine upon the family.

It has been shown that eating meals as a family improves the children's consumption of healthy foods, and planning meals in advance was associated with higher fruit and vegetable consumption, however 46% of the adults did not plan meals in advance (Boutelle, Birnbaum et al. 2003). As discussed earlier in this chapter, many parents "trade-off" where they buy time by using convenience foods but may compromise on health. However there can also be an emotional cost to this strategy for parents. Many contemporary parents have a perception that home-cooked foods are

“proper” and are a visible expression of love. When they neither have the time nor inclination to spend their scarce time preparing food for their children, they feel guilty. If the mother feels guilty, it is easy to give the child “treats” as compensation. Children have been well trained as consumers and know the effectiveness of pester-power. Children attending childcare from an early age can readily compare the range of possible foods and treats and pester their parents for similar foods. Parents exhausted by their work lives, are loathe to waste precious family time arguing, and have loosened the reins of control when it comes to food (Chaplin 1999). Marketers pushing the idea of convenience and time, have a ready market among parents if they can also reassure them that it is also healthy for their children, however spurious some of these claims may be.

Some authors have challenged the perception that the increased use of convenience foods is a strategy that working women use to buy time. Reilly (1982) found that although there has been a dramatic rise in employment of married women outside the home, they do not necessarily use more convenience foods than non-working wives. Family income and family social status were found to correlate better with convenience consumption.

Many families are finding it difficult to eat meals together as work and school schedules cut into mealtimes. The eclipse of traditions around family meals by “food on the run” or “food in front of the telly” promote individualisation within the family as individual family members increasingly make their own idiosyncratic food choices at a time to suit them. The research reported here suggests the amount of time available to the parents affect the way in which they feed their children, if the family is time-poor, this will not only affect what is eaten, but also how and with whom.

4.3.6 Food-work

Another strategy that working parents may use especially as the children get older, is to involve children more in food-work and hence decision about food in the family. "Children, the Influencing Factor", a report by Mintel International (1991) revealed that in all social classes, children aged 5- 12 have the greatest effect on their parent's shopping. As well, studies have shown that 49% of 6 to 14 -year-olds either bought food for their family or participated in grocery shopping (Cook 2000). More than two thirds of children surveyed under the age of 13 prepared one or more unsupervised meals a week (Buisson and Garrett 1996). Involving children in food-work is facilitated by the fact that food manufacturers have made food even easier to prepare.

Part of the perceived role of a 'stay at home' mother was cooking meals and snacks from fresh, basic ingredients. The kitchen was seen as her domain and help was neither requested nor tolerated. There has been for many families where both parents work, a shift towards a more co-operative and less gender differentiated mode of allocating food- work, which often necessitates children being involved in aspects of food-work and thus enhancing their consumer agency. This departure from the traditional notions of family eating and "proper" family meals may lighten the often repressive burden of food related responsibilities borne by women.

Children can have a direct effect on family food decisions if they are present when the food is purchased. It is in the supermarkets where parents have to make constant decisions when faced with a multiplicity of food choices. In the focus groups, many parents commented that shopping was a difficult task, especially if accompanied by children. Often children were tired and would play up, putting the parents in the dilemma of either disciplining their children in public which they were reluctant to do as they felt judged by other people, or giving in to the child's demands. Often children wanted their parents to buy advertised products which cost more than the equivalent brands or they were products of which the parents disapproved.

Parents had a variety of strategies to deal with shopping. For some families shopping with children was a nightmare to be avoided at all costs. A few families did the shopping as a family activity with both parents and children being present but they appeared to be in the minority. Shopping appeared to be done predominately by the female, occasionally with the male present to assist with child-minding. It was rare for the male to be principally responsible for doing the shopping.

Dorothy What happens when you shop?

Parent 1 I usually go by myself with the kids. Yeah take all three and go shopping for the groceries

Parent 2 Oh you're brave.

Parent 1 No I've got them trained they're pretty good and I've also got a policy that if the supermarket wants to put jars on the bottom they can have breakages [laughs]. I don't care. Oh I do, but I don't.

Dorothy What about everybody else, do they take their kids?

Parent 3 I take my youngest one, but not my oldest. I find going with the pair of them is absolute hell, so I go with just the young one and I feed him so that he's full when I go and so he's not asking for stuff.

Parent 4 I take the youngest or in the school holidays I take all three. It's crazy.

Parent 1 Oh I have this lovely big trolley using two on the front -- the eldest pushes, the other two sit on it with their dry toast and Mark he'll jump off to get things of the shelf that we want and put it in and they were so good and it worked.

Parent 5 I can't wait and soon as he (male partner) gets home I race out to do the shopping -- I couldn't do it with three.

Parent 2 Well we all go as a family.

Parent 1 That's even worse.

Parent 2 Yes isn't it?

Parent 1 Even worse than the kids, I'd rather take three kids than take him (male partner).

It has been said that in consumer societies, we teach our children to shop (Langer 1996). Some parents felt that shopping was a life skill and that shopping with children gave them the opportunity to educate them to resist consumerism and food advertising;

Grocery shopping -- like Geoff (son) will come down and do the grocery shopping with me and he'll weigh the vegetables and he'll say like "There's five there mum, about half a kilo mum, and there's half a kilo mum" and "Oh right oh, how much would that be if we halve it?". You've got to learn these things with your kids because otherwise they're going to be stuffed when they go shopping, otherwise they'd buy like coke and chips all the time. You've got to teach them life skills.

Shopping and supermarkets generally appear to be a site of anxiety to parents if they take their children. The dilemma for parents is how to deal with children's demands in response to the temptations of the highly visible and well-promoted snack foods. If the child behaved badly to try to influence the parent to buy what they wanted, there was disapproval from other customers. If they attempted to discipline their children physically, they would also get disapproval.

There was a range of strategies used by parents when children were taken shopping, and demanded treats such as lollies. These ranged from a consistent "NO" to allowing the children to buy a treat to shut them up. Some parents took food from home to occupy the child. There was a lot of discussion about supermarkets putting lollies on the check-out aisles as parents resented the temptation it posed to young children, often resulting in conflict with children in a public arena.

4.4 Discussion

A feature of modern society is that of change; over the last generation there have been major changes in society in the types of food available, how food is obtained and cooked, and manners and customs around food. Families have also changed in the way children are viewed, the decreased time available to do food-work as women increasingly go out to work, smaller families, and increased income. Children are becoming more involved in family food choices as society promotes individualism and as parents are under increasing pressure to use convenience foods. In this study, it was found that these changes, particularly around food rules, different foods

available and the effects of advertising, all contributed to a sense of confusion and pressure on parents.

Parents face a number of dilemmas around feeding their children; the increase in consumerism around food results in an increase in demand for convenience and junk food, indeed there has been a process where such foods are now “normal” so if a child does not have them they are different. On the other hand, parents are also aware of their responsibilities for the health of their children and feel guilty that they are not feeding them homemade foods that they may not have the time, skills, or inclination to cook.

It is not only in the types of food that parents give their children that has changed but also attitudes about how to feed children. Previously mealtimes were accepted as a site of control and discipline where food-rules were enforced, now parents feel that there is more informality around meals and food-rules are not so well defined. This can create anxiety for parents who have absorbed a discourse of parental responsibility for feeding children healthily but are unsure how to make them without causing conflict.

The transition to parenthood causes significant changes to the way in which people eat, with a raised consciousness of responsibility for the health of their child. The focus groups demonstrated that many parents make significant changes to their eating habits to accommodate those of their children. For many parents, the changes are seen positively as they have healthier diets. Roos, Lahelms et al. (Roos, Lahelms et al. 1998) found that women with very young children had better eating habits than other women. However, some women in the focus groups felt that their diets were worse since having children, mainly due to having more access to snack foods in cupboards. Coveney (1996) has posited that parents absorb a discourse from nutrition experts about the “proper” way to feed young children but the fact that some parents comment that their own diets are sometimes worse

since having children, appears to suggest that they influenced by discourses other than health.

The boundary between family eating and the outside world is becoming more permeable, with food largely prepared “outside” being brought inside the home and eating taking place outside for many meals. Limited family time means that eating within the home may consist of quickly assembled convenience meals or quick snacks. There is a tendency towards more personalised patterns of eating, where individual family members increasingly make their own idiosyncratic food choices and time eating to coordinate with their own personal schedules and priorities (Beardsworth and Keil 1997). The reason for the increasing permeability of the boundary between family eating and “outside” can be attributed to time poverty as well as the food marketers promoting convenience foods. Technologies such as the microwave has also enabled this transformation of family eating.

These changes appear to lend support to the process of detraditionalisation and individualism as posited by Giddens (1991) and Beck(1992). The change in food rules and attitudes towards their children’s eating could be attributed to an increasing acceptance of individualisation where children are allowed to assert their preferences. The process of detraditionalisation could contribute to mealtimes becoming less formal and a greater range of foods consumed. However detraditionalisation can also result in confusion and anxieties for parents as they can no longer rely on tradition to inform them of the rules they should apply to their children’s behaviour. Parents are held to be responsible for their children’s behaviour but often lack clear guidelines about food-rules and how to enforce them. They are encouraged to treat children as individuals and cater for their food preferences but have problems if the child’s food preferences are set more by advertising and peer pressure than parental guidance.

In this study, parents’ perceptions of feeding young children in contemporary society were that it was more difficult than for previous generations. However it could be that the problems parents face are simply

different. In previous generations, parents may have worried about feeding young children a reasonable diet on a tight budget and absorbing a discourse of skilled domesticity. Contemporary parents may worry more about using convenience foods and controlling their children's behaviour, absorbing discourses on health and allowing children to assert individuality.

The social processes of individualisation, detraditionalisation and self reflexivity may impact on parental attitudes on feeding young children both as a social milieu in which families operate but also in their everyday lives.

CHAPTER 5 PARENTAL KNOWLEDGE ABOUT FEEDING YOUNG CHILDREN

5.1 Introduction

Parents feeding young children need to know what and when to feed them, how to obtain and prepare foods, how to ensure that young children eat what they are supposed to eat and how to deal with behaviours and influences which might prevent them eating foods which the parents feel they should. In this section, nutritional knowledge as a factor affecting parental attitudes is examined. Parents are subject to many differing discourses about feeding young children and causing parents to feel sceptical, confused and inadequate.

Many contemporary parents are very concerned about their children's eating. Most parents in the focus groups readily identified problems they experience when feeding their children though this may also indicate that concerned parents were more likely to participate. They expressed a high degree of frustration and confusion about certain aspects of their children's eating. The majority of the issues raised were related to health, eating behaviour, the food system and influences on their children's eating that they perceived as being undesirable. To deal with their issues and concerns, they wanted knowledge they could trust; in particular, knowledge about how much and what sort of foods they should be feeding their children at particular ages; knowledge about dealing with feeding behaviours and peer pressure; knowledge about reading food labels; knowledge about making food that is both healthy and acceptable to their children.

5.2 Sources of knowledge

When asked “*where do you think parents get information from nowadays?*” parents in the focus group came up with a variety of sources. Many referred to health experts such as Child Health nurses, doctors, and allergy specialists. Child Health nurses were seen as valuable for some parents, however others thought they were helpful with infants, but less so with toddlers and pre-schoolers.

Child Health Nurses are pretty good here. They ran a seminar not long ago for the twos. Instead of the Terrible Twos, they were Terrific Twos. It was pretty good about suggestions so they do a lot really the nurses here.

Actually I remember getting some sheets through Child Health -- you know what to offer your baby at six months and nine months and twelve months and that was my bible. You know when they hit that milestone -- oh now what are we coming up to -- what should have we done by now -- what should we be looking forward to or whatever? I lived with that with my first child.

However the parents involved with this study did not only go to “experts” such as doctors, child health nurses or dietitians for advice about feeding young children. Their informal networks of family and friends were seen as an important source of “tried and true” advice. When information or help with feeding children was required, it needed to be from someone who was experienced with children, was readily accessible, whom the parent already knew and it had to be relevant. Families, friends with children and occasionally child health nurses were seen as important advisers.

Parent 1 You just have to go and ask friends.

Parent 2 Friends; family if you're in desperate need.

Parent 3 Friends that have had kids though.

The previous generation was seen as an important source of information yet as discussed earlier in Chapter 4, feeding practices and foods have changed quite markedly between the generations. If “lay/traditional” knowledge was unavailable, then efforts were made to access knowledge from other sources.

Parent 1 From their parents.

Parent 2 Yes, that's what I was about to say, from our parents.

Parent 3 Well you know I'd ask my parents, but they live in another state and my grandparents all live in another state, so I don't really have anybody to go to -- to ask, so, yeah, I generally go to the library and pull three books and, you know, just see what I can find that might fit my first child or my second boy that I know that's reliable.

It has been suggested that contemporary society is a knowledge society where professional experts and scientific information dominate and influence the way that people think and behave (Burke 2000). Many of the discourses around the sociology of knowledge examine scientific knowledge and speculate how it has changed society in terms of knowledge as a commodity, as an ideology, as an instrument of communication and as an instrument of power (McCarthy 1996). Knowledge is socially constructed and is influenced by one's social class, generation, time in history and society (Mannheim 1929). Stehr (1994) comments that scientific knowledge has penetrated most spheres of social action and has displaced but not completely eliminated other forms of knowledge. There is a growing dependence on experts, advisers and counsellors and corresponding institutions to disseminate specialised knowledge (Stehr 1994).

Foucault has proposed that expert knowledge is used by institutions and organisations as a form of power and discipline (Foucault 1980). Using the metaphor of the 'panopticon', an architectural design for prison which allows prisoners to be seen at all times, Foucault argued that in modern society, we have internalised this "gaze" and act as if we are being observed and judged at all times, not only in the public domain but also within the domestic one. Modern medical sciences exert power over individuals through their unique bodies of knowledge, and this power is effective because it subjects people to a "clinical gaze" which is effectively control at a distance (Foucault, 1975). Due to their superior knowledge about health, doctors and other health professionals can make pronouncements about how individuals should conduct themselves and treat their bodies. This power is

invisible as it encourages people to behave in certain ways “for their own good”. Experts in a field of knowledge are placed in the position of being able to “legitimately” advise other people how to behave. Because they are seen as “legitimate”, they often have government support.

Coveney (1999) used a Foucaultian perspective looking at the role of “expert advice” to Australian parents feeding young children. He proposed that expert advice becomes the benchmark by which parents are judged and judge themselves. Parents want to feel that they are “good”, “responsible”, and “committed” mothers and fathers but in order to do so, they need some sort of yardstick against which to judge whether they are fulfilling their responsibilities. Coveney (1999) argues that it is the quest for the “normal” especially in relation to children that requires parents to seek out “expert” advice for reassurance or correction of parenting practices. Feeding children correctly is part of a web of regulation and normalisation around the family. This type of “expert” advice is, according to Coveney, a form of “control at a distance” which requires family to be autonomous from and yet cooperative with, the State. “Expert” advice is not only information but also a benchmark by which parents can gauge whether or not they are being “good” parents as is illustrated by the quote from a parent in one of the focus groups.

They're pushing six months and iron and all the rest of it. You need something that's going to give you confidence to say that it's OK not to feed them meat, you know, so that you don't really have to bow to the pressure or feel guilty that you child is not growing to grow properly, which is basically the bottom line of what they're saying that you're depriving your child if you don't do this.

Contemporary parents are faced with a plethora of nutritional information (and misinformation) from a variety of sources, so how do parents decide which knowledge to use in their particular situation? Parents are forced to decide which sources of nutritional information are useful, practical, relevant, and trustworthy. Not all knowledge is derived from “experts” and people are influenced by a practical everyday, “lay” knowledge. Everyday, “lay” knowledge is also socially and culturally constructed, as well as being

developed through personal experiences and anecdotal observations (Caplan 1997); Backett, Davison et al., 1994; Geertz 1983; (Douglas 1971). In contemporary society, with the relative ease of communication, people are aware that there are different kinds of expertise that often conflict or are inappropriate for some situations. Each individual is potentially faced with endless problems about whom to believe. If a situation arises where someone does not know what to do, it is likely that the person will seek knowledge. Berger and Luckman (1963) point out that the reality of everyday life is organised around the “here and now”. When people's everyday lives change, knowledge that was not relevant before, such as what and how to feed young children, may become urgent when people become parents.

Feeding young children is usually a new skill for most parents, and it is often a time when they are likely to seek knowledge, either in the hope of preventing problems or dealing with problems as they arise. If parents lose their traditional support networks and have to rely on themselves to find knowledge, it can result in an emphasis on “expert” knowledge. However “expert” knowledge can appear contradictory with emphasis on nutrients rather than food, and advice on **what** should be eaten rather than **how** to get children to eat it. If parents do not know how to apply “expert” knowledge to their everyday situations, or if “expert” knowledge is not readily accessible or understandable, they are likely to seek more practical “lay/traditional” knowledge from trusted sources close to them. Knowledge can also be gleaned from magazines, TV, the internet, schools and childcare, books and self-help courses.

A series of studies by Graham et al. (1999, 2000a, 2000b), examining sources of knowledge accessed by parents of children of differing ages (Figure 3), showed that Australian parents do access many different sources of knowledge that change according to the child's age and probably depending on what knowledge is needed. When the child is aged under 2, nutritional information from “experts” such as child health nurses and doctors is the most important source of nutritional knowledge (85% and

25% respectively), while the parents “own knowledge” is at the low rate of 25%. However the reliance on “expert” advice appears to decline with increasing age of the child. By the time the child is aged 6-8 years, child health nurses and doctors were sources of nutritional information at the rate of 19% and 40% compared to 65% of “own knowledge”. The contribution of family and friends as nutritional information sources for parents is remarkably stable with a range from 66% -74% and 44% -48% respectively.

Figure 3 Nutritional Information Sources of Parents

Parents with	Child health nurses	Doctors	Family	Friends	TV and radio	Own knowledge	Magazines
Children aged 2 or less	85%	25%	66%	48%	6.4%	25%	21%
Children aged 4-6	29%	39 %	74%	48%	39%	30%	31%
Children aged 6-8	19%	40%	67%	44%	39%	65%	31%

(Data From Graham et al., 1999, 2000a, 2000b)

In the focus groups, concerns were expressed about the reliability of knowledge. The advice from “experts” was treated by some with a degree of scepticism and the advice given was filtered for its relevance and usefulness:

They (health professionals) don't influence us heavily. I mean they can give us advice, but a lot of mums, I feel myself personally, I will listen to it and I'll take it in and if I agree with it, I agree with it.

Parents did not accept knowledge passively but actively select knowledge based on their own experiences and needs. Parents in the focus groups felt frustrated and confused around feeding young children. They wanted to know about what and how they should feed their children and spoke readily about the problems they had experienced and what they had done to solve

them. Other women in the groups were interested and offered advice and sympathy and shared information. This is common when groups of mothers of young children get together and it creates a network of “lay” knowledge and support.

5.3 The dilemma of conflicting knowledges

Parents are exposed to conflicting knowledges about how and what parents should feed their children. Because information is easy to obtain through friends, families, the media, and health institutions, it is difficult to conceal the fact that the world is full of competing information and perspectives. How do parents decide whom to believe? Parents feel responsible for ensuring that their children eat healthily. Governments and nutritional experts subject parents to a discourse of health education messages such as the “Dietary Guidelines for Children and Adolescents”. However studies have shown that people are sceptical about scientific information as they see it as changeable and not corresponding to their own experiences (Backett, Davison et al. 1994). There are also other “alternative” authorities, often quoted in the media and contradictory to the advice parents get from nutrition experts. Doing the “right” thing when feeding their children is important to parents. However, many feel confused about what is the “right” thing. They worry that they might be risking the child's future health if they get it wrong.

...as a parent I became confused...You're sort of thinking are you depriving your child of those vital ingredients?...

When different sources of knowledge appear to contradict each other, it is difficult for parents to feel confident that they are feeding their children correctly. Parents feel responsible and judged especially if their child is perceived as being too fussy, has poor teeth, has too much junk food, is too fat, or too skinny.

There were varying degrees of satisfaction with the information accessed. In particular, some people were critical and distrustful of “expert” knowledge and were quick to point out inconsistencies in the advice. There are contradictions both between different “expert” groups and between experts and “lay” knowledge.

And there's so much conflicting information out there. One specialist will tell you something and another one will tell you something else.

It's hard because you get inconsistencies. It's like even the food pyramid changes depending on who you speak to as to what should be a healthy eating plan.

A lot of info from friends is contradictory to Child Health Info. A lot of people are feeding their children foods that may cause short or long-term problems and are unaware of this.

Some parents found that the expert advice was difficult to put into practice and were concerned about the health risks they exposed their children to if they weren't following the advice correctly.

When they recommend so much a day of different things and your kid falls way short of eating that much -- like they're meant to have a cup of milk and a tub of yoghurt and a piece of cheese and your kids only drink half a cup of milk you think "Well are they getting enough calcium?" and they're meant to have fish at least once a week, but my kids won't eat anything but fish fingers not fish. So it's the health of those versus getting the fish into them and you think "Well am I doing the right thing by trying to make them eat fish fingers versus the health of what they should be getting?"

There is recognition among some parents that there has been a rapid change from the “lay” knowledge passed on by the previous generation, to “expert” knowledge with a resultant confusion for parents who find it difficult to deal with all the “expert” information. “Expert” knowledge is perceived as informing about risks with little practical guidelines about how to deal with them in everyday situations.

...thinking of the whole grain issues because young children -- you know babies shouldn't have whole grains and stuff like that, so then that because confusing -- it's like the low fat/normal because you can destroy their bowels if you give them far too much. That's why I think sometimes it just needs to be very clear, very step by step, very -- I don't know we've lost our -- all our gaps are growing, you know, between our parents trying to teach

us and the technology and research and things have changed so much in-between us being a child and us having children that it's just so dramatic.

The following extract from one of the focus groups is revealing of the way parents in the focus groups viewed knowledge. The importance of family support, the need to seek knowledge, and trust in “lay everyday” sources of knowledge is discussed. There is also resistance to the acceptance of the norms of expert knowledge. This extract demonstrates that parents of young children are not passive recipients of knowledge and vary in their attitudes.

Parent 1 *I don't think people do trust their instincts as much because we are bombarded from every angle, there's a lot of insecurities in parents of small children because they are so uncertain as whether to change.*

Parent 2 *And if they haven't got family support well then you do doubt everything that you do and, you know, “Am I doing the right thing?”*

Parent 3 *Yeah and I think it's putting information in a normal situation, so you've got to look at what these people do, where their paths are and you've gotta put it in the wake of those paths. When you have a baby, they give you this book and everyone gets it and it's sort of like this is the “norm” then -- this becomes the norm routine -- the guidelines. I think extending that idea that this is the routine -- you have a baby, you have to go to the doctor -- the routine thing where they have to go to anyway and I liked that book that they gave you, maybe more on that, you know.*

Parent 1 *But then sometimes the “norm” makes you feel inadequate too, because if you're outside that “norm” on any particular thing that can be a bit crushing as well.*

Parents want to do the “right” thing and feed their children properly.

Coveney (1999) argues that parents seek out “expert” advice for reassurance or correction of parenting practices and that feeding children correctly is part of a web of regulation and normalisation around the family. However, from these focus groups, it was apparent that many parents see “expert” knowledge as being impractical and confusing and often seek out more practical “lay” knowledge gleaned from more accessible sources such as family and friends for reassurance about what is normal.

5.4 Health- related concerns

Many parents in the focus groups expressed concerns about their children's present and future health. Present nutrition related health problems cited in the focus groups included constipation, food allergies and food related behaviour problems. Future potential health problems mentioned were osteoporosis, cancer and heart disease. While they were aware of the relationship between nutrients and health, parents were confused about how exactly to ensure that their children were getting enough. Parents were very concerned about doing the "right" thing and feeding their children the "right" foods in the "right" amounts and worried about the risk to their child's health if they were unable to persuade their child to eat the foods provided. "Expert" knowledge appeared to alert them to the potential health risks of too much or too little of certain nutrients but for many parents, it was not explicit or practical enough for parents to feel confident that they were doing the "right" thing.

The concern about getting the food balance right and whether the child was eating sufficient, was raised at every focus group as an issue. The following are fairly typical responses to the question *"What do you think concerns parents around feeding young children?"*

Parent 1 *Are they getting enough food? Not just any food group, but just food generally.*

Parent 2 *Getting them to eat at all.*

Parent 3 *Are they eating enough of the right food?*

Parent 1 *Then the opposite, are they eating too much of the wrong stuff?*

Parent 4 *How do you know when they've actually had enough?*

When parents discussed foods, their language was often judgemental with foods being referred to as "right", "good", or "healthy" foods versus "wrong", "junk" or "unhealthy" foods. These terms appeared to refer to the perception of the healthiness or otherwise of food rather than to taste. Rozin (1999) categorized parental attitudes towards food as being "American" with parents focusing on health aspects of foods or "Italian" with parents

focusing on the pleasures of eating. Parents from the focus groups tended to discuss the health aspects of food rather than taste aspects, displaying an “American” attitude towards food.

The discourse about healthy eating from the government mostly centres around adopting healthy lifestyles to reduce the risks of disease. This approach emphasises the personal responsibility of the individual to maintain their own health. If people do not choose a healthy lifestyle, they are thought to be either ignorant or lack self-discipline. This attitude has been challenged by a number of authors (Backett, Davison et al. 1994); (Davison, Frankel et al. 1992), who examined lay discourses around health and illness. These studies found that, although participants were concerned about their health, they were also cynical about the media and health promotional advice. Studies done in South Wales and Scotland revealed that people perceived a wide variety of influences on health and illness, not just that of lifestyle. They recognised that there were other factors such as heredity, luck, and environmental processes that were outside individual control. They also were sceptical about scientific information because they saw it as changing from time to time. They weighed up the costs and benefits of health behaviours, often practising “trade-offs” and balancing unhealthy but life enhancing behaviours with health- enhancing behaviours (Backett and Davidson 1992).

It would appear that parents attending the focus groups do a similar “weighing up” of health benefits versus getting their children to eat.

Parent 1 Mum used to put gravy on all the vegies.

Parent 2 Yeah, I never liked gravy for years. And now gravy is considered high in salt so it's not done to put gravy on for kids because it's high in salt.

Parent 1 I think you know, like if they're not going to eat vegies at all and vegies with gravy, I think vegies with gravy is better than no vegies.

Parent 3 Well at the moment, if I make anything, she likes gravy to dunk it into, so I give her gravy to get her to eat it.

Much of the modern discourse about health involves reducing risk. An awareness of health risk is likely to be very influential in the way that

parents feed their young children. Because of the improved access to expert nutritional knowledge, contemporary parents are likely to be more aware of potential health risks than previous generations. This knowledge of potential risks to their children if they are not fed the “right” diet may cause contemporary parents more anxieties and uncertainties than previous generations.

Are they getting enough calcium? Are they getting enough iron? You know, if he is not eating a particular food is he going to end up in some mineral or vitamin deficiency, you know, somewhere down the track. Yeah something that you're not giving enough in the short term, but in the long term might affect him. The doctor thought he was anaemic a few weeks ago and ordered a blood test-- he said if he was a betting man he'd put money on it, but he turned out OK -- you know Toby eats hardly anything, but whatever he eats he must be getting enough of whatever he needs. But you think "Oh you've got to get so much of this into him" and you read the nutrition charts and they say, you know, "Three serves of dairy a day and veggies".

This parent although wanting to ensure the child has sufficient nutrients as advised by “experts”, also has the personal experience of finding out her child is not anaemic despite his poor diet. These sort of experiences that apparently contradict what the “experts” advise can lead to cynicism and doubt.

As well as worrying about what the child should eat now, many parents also had concerns about the future health and felt they needed to ensure good eating habits started early.

Planning for the future as far as what habits your kids get into now is going to really plan out the future so I think -- I don't know, when I do something I tend to think well you've got to get them into them right from the start.

Absolutely I think if you give them good food when you're introducing foods in the first five years or so it's really going to affect -- once they do get to primary school and the ads and everything I think even if they do eat more junk when they're older if they've got that grounding in the home you eat good foods, well hopefully that will make a difference.

Contemporary society has been portrayed as one of heightened risk awareness coupled with questioning of old traditions, resulting in uncertainty and ambivalence, a distrust of institutions and traditional

authorities, and an increasing awareness of the threats of everyday life. Several authors have used the term “risk” to describe the feelings of fear, anxiety, and uncertainty generated by these changes. (Peterson and Lupton 2000); (Lupton 1999); (Beck 1992); (Douglas 1992). They argue that our awareness and knowledge of risks affect how we live our everyday lives.

Lupton (1999) identifies two different perspectives around the phenomena of risk. The first she calls the cognitive-science perspective which treats risks as if they were objective facts, able to be measured and calculated and are pre-existing in nature. The second is a socio-cultural perspective where, rather than being objective facts, the perception of risk is the product of social and cultural processes.

The way in which society treats “risk” impacts upon parental attitudes towards feeding young children. A relevant example of the cognitive science perspective is the health belief model, utilised in the fields of health promotion and health education. Research into diseases and lifestyle tends to compare the health/diseases and lifestyles of populations, then use this information to determine health risk of groups sharing similar characteristics (Peterson and Lupton 2000). Health promotion programs specifically target groups defined as being at greater risk due to the characteristics of their lifestyles. Experts then recommend individual lifestyle changes. The health belief model posits that before an individual will make changes to protect themselves from a health threat, they must see themselves as being vulnerable to the threat, it must be seen as serious enough to make changes, they must believe in the effectiveness of taking preventative action, and they must believe that the benefits of that action will outweigh the costs (Lupton 1999). The health risks in this model are presented as objective facts, for example, a diet deficient in calcium increases the risk of osteoporosis, excess fat or sugar intake will increase the risk of obesity; poor diets will cause growth and development problems in children. Using this model, parents are more likely to feed their children “right” if they see their children as being “at risk” or vulnerable, if they think the risks associated with poor eating are serious, believe that eating poorly impacts upon the

children's present and future health and well-being, and have the resources to actually make changes. Parents who do not feed their children healthily are seen as irresponsible or incapable by experts.

The health belief model neglects the social and cultural context in which risk is understood by lay people. As discussed in the previous section, expert advice on health enhancing behaviours may be balanced against "risky" behaviours that benefit in terms of social acceptability or pleasure (Backett, Davison et al. 1994). What constitutes a risk may also be viewed differently at different points of the life course. Young single adults, because their bodies are generally healthy and do not readily show the effects of poor eating habits, are able to ignore the risks of potentially health damaging behaviours (Backett and Davidson 1992). As discussed in Chapter 4.3, parents will often change their diets when having children. Babies' bodies are seen as fragile and easily damaged, so parents are unwilling to put their babies and young children at risk through health damaging behaviours.

Avoiding risks on behalf of their children is a form of self government, requiring a measure of knowledge, skill, and discipline on behalf of the parents (Lupton 1999). Foucault proposed that governments use expert knowledge to regulate and control populations through a process of normalisation. Normalisation is the process where the "norms" of behaviour or health status are identified, populations are compared against the "norm" and are trained to conform to the "norm" through a process of monitoring and surveillance. Information about risks are collected, analysed by experts, and then particular populations or individuals who are judged to be at high risk are advised about how they should conduct their lives in order to reduce their risks. When parents express concern about the healthiness of the children's diets, this is the result of nutritional advice that parents receive from government agencies about the best diet for their children. The advice given to the community to "eat properly" has moral as well as scientific basis and is a form of social control (Crotty 1995). It assumes that parents are active, self regulatory members of society who are

capable of seeking out information, believe the information, and have the understanding and skills to apply it to their own situation. Those who do not make changes in response to a health threat as perceived by experts, are thought to be ignorant, irresponsible or lacking the ability to change. This approach fails to acknowledge the subjective dimension to the perceptions of risk by both “experts” and “lay” people. The changing and often conflicting nature of perceptions of risk by “experts” engenders confusion and distrust among lay people. Risks are not just objective facts and people’s reactions to risk are not necessarily rational but are mediated by their experiences and their social and cultural environments. Perceptions of risk change over time, both by society as a whole and by individuals.

Parental concerns about risks associated with food additives highlight that concepts of risk are not just objective facts as proposed by the cognitive science perspective but are mediated socially. Concerns about food allergies and behavioural problems were voiced in every focus group.

Parent 1 I wonder too about behavioural problems with processed food. You do see a lot of kids and you think “Well what are they eating at home?”

Parent 2 That ADHD you know. That was never really around ten years ago and it makes you wonder what we eat doesn’t contribute to the children’s behaviour these days.

Parent 3 Or concentration -- some kids can’t concentrate.

According to the experts, food colourings, preservatives and additives are well regulated and safe in Australia, one of the biggest risks to children’s health affecting an estimated one in four children is being overweight or obese (Magarey, 2001). However studies have shown that a parent is far more likely to check food labels for MSG, additives, preservatives, artificial flavours and colourings, rather than for fats and sugars (Williams 2003). This high level of parental concern stems from a belief that processed foods are harmful and may cause behavioural problems in children. Most experts say there is no scientific evidence that hyperactivity is associated with specific food additives (US National Advisory Committee www.nncc.org). Why is there such a difference between the “experts” and parents about what health aspects of their children’s diets should about what constitutes

risk? Douglas (1992) argues that some risks are ignored or downplayed while others responded to with high anxiety, fear or anger. The difference between “expert” and “lay” judgments of risk is the fact that lay people assess the risk according to their cultural background. When “lay” people refuse to take advice, it should not necessarily be attributed to a lack of understanding of risks, but rather to social and cultural reasons. There are differences between groups within the same culture in terms of what is considered risks and how acceptable they are.

The concept of risk functions in contemporary Western society to cast blame upon certain individuals and social groups thus maintaining cultural boundaries and achieving social order. Risk has largely replaced old ideas such as sin about causes of misfortune. Now it is “*not the sins of the fathers, but the risks unleashed by the fathers are visited on the heads of their children, even to the nth-generation*” (Douglas 1992:26). Douglas’s perspective on the risks of both the issue of processed foods and of childhood obesity would not be how real the risks are but rather the social and cultural reasons of why they have been singled out for attention. The fact that parents worry more about the effects of the food system on their children’s behaviour when experts tend to worry more about the risk of obesity may indicate that the parents judge risks differently from experts.

Some parents rejected the discourse that they as parents are solely responsible for their children’s health and felt that society should also take some responsibility to promote healthy foods:

Parent 1 *But what I find that gets me crabby is that those sort of food that are really, really good for you, I don’t know why they’re so expensive.*

Parent 2 *Especially when they’re farming them on fish farms.*

Parent 1 *Yeah and meat is like -- really, really cheap cuts are full of fat and are so cheap, I mean fish should be subsidised because they’re really healthy and expensive. I mean look at all the money on heart disease and diabetes that the government spends trying to fix those problems and trying to cure those problems and if they could prevent it.*

I think schools should promote healthy eating and nutritional eating rather than all the kids bring how ever many bars or Mars bars and things like

that. You know you don't want your kid to feel different, you know bags and bags of chips and chocolates and you're the only one with your carrot sticks and celery and cheese.

Nutrition is a major concern for parents but it is not the only factor considered when parents feed their children. They are also concerned with health issues such as food additives and environmental processes that tend not to be discussed at any great detail by nutrition experts. There is an increasing focus on the risks of not feeding their children properly, but often parents will judge the risks using personal experiences and lay knowledge. There can also be "trade-offs" between present needs (for the child to eat its food) and future risks (allowing the child gravy which is thought to increase the risk of future disease). It is interesting in view of current concerns of health professionals as to the rapidly increasing number of children becoming overweight or obese, that these concerns were only rarely mentioned by parents.

Beck posits a reflexive modernisation where anxieties about risk causes people to become sceptical about science. They are aware that science has produced many of the risks, and that scientific knowledge is often incomplete and contradictory. People therefore must deal with constant insecurity and uncertainty, resulting in questioning of structures of society and contributing to the processes of detraditionalisation and individualisation. Giddens also sees the concept of risk as a central concern emerging from the processes of modernisation, and proposes that reflexivity is a response to uncertainty and insecurity. However Giddens (1992) tends to focus more on self reflexivity, where one takes responsibility for one's own life trajectory. Risk assessment involves weighing up and choosing one's own lifestyle. Traditions have largely lost their power and there are more options about how one can live. However this requires '*consideration of risks as filtered through contact with expert knowledge*' (Giddens 1991). Giddens posits that lay people need to trust expert knowledge, in order to establish ontological security, allowing them to get on with life without continually weighing up the risks.

As most families consume foods about which they know little, being remote from the sites of food production and processing, they have to trust that the authorities are ensuring that the foods are safe. Many people have concerns about the food supply system but are mostly prepared to accept the convenience and variety of the modern food supply. People usually ignore the risks unless there are food scares such as Mad Cow disease or food poisoning as with the Garibaldi salami incident in South Australia. Giddens calls these experiences “fateful moments”, and posits that they cause people to question the risks.

An assessment of risks involved in consuming certain foods could influence a family’s diet. If a family is concerned about the presence of preservatives, colouring and food additives in processed foods, they would be more likely to value home cooked foods. If there are concerns or ethical considerations about risks associated with eating meat, they could opt to become vegetarians or buy free-range. If they have concerns about “chemicals” used in modern farming, they may buy organic fruit and vegetables. An assessment of risks associated with foods can result in reflexivity in food choices.

5.5 Discussion

The family is a site where different types of knowledge are exercised and are sometimes in conflict. Parents in this study appeared to access information from different sources and judged it according to its practicality for their situation. The parents are aware of the dominant medico-nutritional sciences discourse around feeding young children and do use it as a guide for whether they are feeding their children “right”. “Expert” nutritional knowledge tends to be reductionist in nature explaining the value of food in terms of its constituent parts and their effects on specific parts of the body (Bradby 1997). With its emphasis on nutrients rather than food, expert advice can be confusing and impractical for parents. Most parents

are untrained in both nutrition and parenting but are faced with societal expectations that they will feed their children healthily. Parents who were more aware of nutrition and had access to good information, were generally more confident than others that they were feeding their children “right”.

Parents are often influenced by the proximity of the knowledge. It is often easier (and cheaper) to talk to or ring a relative or friend, than it is to obtain the opinion of experts. In the process of acquiring information and applying it to their children, they often become “alternative experts”. They often belong to parent networks such as playgroups and friendship groups where they share their experiences and knowledge. It contributes to their sense of belonging to the group. If a member appears particularly knowledgeable, other parents will seek them out for information. In the focus groups, when parents discussed the eating problems of their individual children, parents were eager to share their experiences and knowledge and give advice. This sharing of knowledge informally among parents is rarely recognised or accessed by health professionals. Although there have been studies investigating where parents access information, there do not appear to be any studies that address the way in which parents learn and utilise nutritional information.

Although most parents do have problems and do seek advice, they do not accept advice passively but instead judge it on its practicality. Parents seek information from a variety of sources, both expert and lay, and will select the information that seems most credible that they can apply to their situation.

CHAPTER 6 PARENTAL AND CHILD NEGOTIATIONS ABOUT FOOD

6.1 Introduction

Dealing with the children's behaviours around food was the aspect of feeding young children that caused great angst for many parents in the focus groups. Both children and their parents have developed strategies to try to ensure their food preferences are included in the family diet. Parents are influenced by the medico-nutritional rhetoric about feeding the child "right", but usually temper this information according to their personal experiences and everyday knowledge. Children's behaviour around eating is an everyday event and parents find "expert" advice such as the "Dietary Guidelines for Children and Adolescents" of little assistance when they are trying to deal with children's fussy eating. Children on the other hand, often challenge their parent's food choices and food rules. Children are able to influence the family food choices by using a range of strategies. Each food event provides an arena for parents and children to try to assert their dietary and behavioural preferences. There can be differences in behaviours from meal for meal, with the behaviours changing according to the formality of food event, which actors are present, time constraints and the temper of the actors. Parents often expressed that they were unsure of how to deal with their children's behaviours and that it all seemed less clear-cut than for previous generations.

Families with young children have several "food events" during the day. These can range from "proper meals" with the whole family formally sitting down to a meal to quick individualised snacks. Due to the predominately Anglo make-up of the Tasmanian population, most families represented in the focus groups conformed to a basic pattern of breakfast, lunch, and an evening meal with a varied number of snacks between meals. In this section, different family food events are examined to see if parental attitudes and concerns differ according to the circumstances of the particular food event, for example, are parents more

concerned about the more formal evening meal than other meals, or are food events that occur in the public domain, such as lunch, of greater concern?

6.2 Family Food Events

6.2.1 Breakfast

There were varying opinions among parents as to whether breakfast was an easy or difficult meal and whether or not the children get to choose their food preference.

Parent 1 Actually breakfast is all right in our house. They'll all eat breakfast.

Parent 2 But if I give them too many choices I'm better off rather than asking them what they want if I sit it down in front of them, it's a lot less hassle.

Parent 3 No it doesn't work in ours, they've got to have their choice.

A common pattern was that children had a choice of three or four cereals or toast, with fruit and yoghurt sometimes included. However some parents did have some problems and did find it difficult to get the children to eat. Often it was an issue about time. When the parents are in a hurry, children often find passive resistance an effective strategy;

I can never find time to cook the toast. No, when you've got someone who is going to take forever and our second child now has suddenly taken the cue and the third child has taken the cue from the second child and it takes an hour to eat a jolly bowl of cereal. You really sort of think, you know, she was up at 6 this morning and we still couldn't get her out the door before nine and I think this has just got knobs on it.

Yesterday I almost felt like shoving him in the back of the car with his breakfast. But that's really frustrating when someone takes so long to eat, and there's nothing new about that.

In many families, the parents used the strategy of allowing limited choices. This strategy allowed the parent assert their power while acknowledging their children's right to choose:

I go for the things that are like healthiest. Yeah I don't want to have coco pops in the house just in case they decide that's their favourite and that's all they'll eat, so I basically just have weet bix, rice bubbles and nutragrain and my second one will have the choice of what he wants of the three and my first one will have without a doubt, weet bix, hot milk and nothing else, and sugar and

that's it. That's the only thing he'll have for breakfast ever -- for the last three years. He's a very particular boy.

For some parents, children actively resist, so parents allow them to eat their preferred option.

But I struggle with Matt at the moment because he -- he's a really good vegetable like evening meal eater, but during the day I struggle. He doesn't want breakfast. I've got to the stage now where it's a honey sandwich now for breakfast. That's all he'll eat. He won't have any cereals.

In the following example, the parents allow the child to make choices from an early age.

Dorothy *How do you decide what the children are going to have for breakfast? Think about breakfast this morning - what made you decide?*

Parent *Often with my little boy it's by request.*

Dorothy *His request?*

Parent *He will ask me. He had eggs on toast this morning. He would have eggs on toast every morning if I will cook it.*

Dorothy *He is eating well?*

Parent *He has a range of things and usually I'll say to him "What would you like for breakfast?" and he'll say to me "What have we got?" so I'll go through yoghurt, fruit, cereal, cornflakes, weet bix -- last of all I leave egg on toast. But quite often he'll have fruit salad and a bit of yoghurt.*

Dorothy *How old is he?*

Parent *Just this side of three.*

Douglas (1972) contends that breakfast is symbolically the least important meal of the day. At this meal, parents appear to give their children more choice and do not worry as much about enforcing food rules. Most of the frustration felt by parents in the focus group around breakfast is more to do with time management than enforcement of food rules. Children appear to be encouraged to make choices from a limited range of foods from an early age.

6.2.2 Lunches

Lunch is a food event that is often eaten in a public arena and as such, is subject to scrutiny by peers. It was obvious from discussions in the focus groups that lunchtime issues varied according to whether the children were eating at home

or away from home. For parents of children eating at home, lunch time was seen as a more relaxed, informal food event, with the timing often dependent on the child's hunger. Lunchtime usually consisted of sandwiches/ cheese/ noodles/ fruit. Some parents tried different foods with the children, but it was more usual to have a limited number of choices. Lunch was often informal, with some parents providing a "picking" plate and the child eating from it when hungry. Parents appeared not to be so concerned with food rules possibly because it was not seen as a "proper meal" with the whole family present.

I don't think you've got the full family at lunchtimes so you're not as rushed.

The main issue for parents with children eating at either a childcare centre or at school was what to put in the lunchbox. For some parents it is easy, with the child enjoying a repertoire of sandwiches and snacks. Other parents found it difficult to give the variety they wished.

Dorothy *What about lunches? Is lunch an easy meal?*

Parent 1 *Lunches are hard -- school lunches I think are hard. There's not enough room in the lunchbox*

Parent 2 *No I don't find that it is, not when they're at school. When they're at home it's not so hard, but it's travelling food at lunch.*

Parent 3 *I don't find it too hard. I give my kids fruit and a sandwich and something else. It might be homemade cake or it might be some dried fruit or something every day, but can mix and match those and they get a hot lunch once a week at school.*

As discussed in Chapter 4, many parents felt that there was pressure on them to provide packaged foods so that they were the same as the other children.

...they had like a big of twisties and Jack's looking at these things that he's never seen before. He's got his old sandwiches. Everyone's got all these chocolate bars.

There were concerns about the general trend of packaged foods in lunchboxes.

...like there is a market there there's a lot of people buying, you know, all that pre-packaged stuff that people buy for their kids school lunches and like I've seen some of the kids that my kids go to school with that's all they'll have in their lunchboxes. Like they'll have, you know, a little -- like a packet of tiny teddies or twisties or something and they'll have a little container of fruit, you know, and then they'll have a roll up or muesli bar. That's all of their lunch.

Their whole lunch is just packets and it costs a fortune and there's too much salt and too much sugar, but somehow those parents have got it in their heads - well I don't know -- I don't know whether they actually think that nutritionally they're doing the right thing or whether this is simpler -- they think it's simpler to go and buy it all at the supermarket and then ration it out.

Lunches and meals in general can become more complicated when there is more than one child involved and the parent tries to cater to the various food preferences and individual health issues.

Lunch -- well I give up on lunch. Some of my children will have salad type sandwiches, that's the first and the third child and sometimes even the middle one. Lettuce is quite acceptable in the lunchbox, but I really -- I still go for jam and peanut butter. I encourage peanut butter, you know, with the child that doesn't eat a great deal because at least I know it's protein and I figure well -- and also the first child can have white bread that's all right, but not the others. I just sort of -- you know like we just sort of sneak that one in the lunchbox and it goes because I just don't -- you know which ones you have issues with and so I put a grain bread in for the second child and he hasn't woken up, you know, because they don't compare lunchboxes, they're all shut in the bag and I sort of think well while it works.

Some parents found that peer pressure could be a positive thing, especially when the child was young.

Parent 1 *One of the good things I found -- and like they had -- they had to bring a piece of fruit and they cut it up and they all took -- you know they took it out of the thing and they dished it out to each plate and that worked great because he wouldn't eat sultanas at home, but he would eat them at school and he would eat apples and banana. That's the only fruit that he would eat through the whole year, but see at least he would eat sultanas, whereas he wouldn't at home.*

Parent 2 *That's probably better too because everybody else is having it -- because I know children that will go to day care -- yeah into the child care situation they'll sit and they'll eat because the other children are.*

Parent 3 *My son is the same. He won't eat at home, but go out somewhere else and he sits up and eats fine.*

Parents find that food eaten away from home more difficult as children are exposed to "junk" food and they will often then use pester power to get their food preferences. When very young, they are probably attracted by the bright packaging and the taste of foods, as they get older it is likely there are status issues involved. Parents feel frustrated with the lessened power and control over their children's eating.

6.2.3 Evening meals

The evening meal was seen as a difficult mealtime for many parents as they are trying to cater for the differing tastes of parents and children. Children were often tired which affected their eating. The evening meal was often a more formal meal resulting in increased pressure to eat properly. The perception that the evening meal provides most of protein and vegetables for the day means that parents get very concerned if the child limits their intake of these foods or doesn't eat well at this meal.

You tend to think we've had an OK breakfast and some sandwiches for lunch, they've got to have some protein and some vegetables for dinner time and they're more tired at that meal time and they're less likely to cooperate and you think this is my last chance of the day to get something decent into them.

Some parents catered for the different tastes and needs of the family by becoming a "short order cook", cooking a number of different meals for family members. Some parents deferred to the children's preferences resulting in a blander diet for themselves, while other parents made no concessions to their children's tastes. However a common strategy involved cooking one meal such as a stir-fry, and modifying it slightly for different family members eg picking out bits for the children and adding a spicy sauce for the parents.

I find that (evening meal) the hardest one because my kids are very fussy about anything with flavour in it like, you know, spicy foods or anything or flavouring, so they like really, really plain foods, so I have to compromise between having plain food for all of us or having two separate meals.

Dorothy *What else do you find hard about tea?*

Parent 1 *That they won't all eat the same thing.*

Parent 2 *I feel like a short order cook occasionally. One wants chips, one wants potatoes, one wants pasta.*

One common problem was that the children were too tired or distracted to eat properly at the evening meal.

I guess dinnertime is our main meal where we like to sit and have veggies and steak or something like that so we expect them to eat as well, but they're tired and horrific and difficult.

To deal with this some parents fed the children earlier, others tried to ensure that the child ate well earlier in the day. Mealtime behaviour was also an issue, with parents varying in their attitudes about how to deal with it and how much to insist on good behaviour at mealtimes. Many parents have good intentions of sitting down to eat as a family but find the conflict at mealtimes is an issue.

Most parents thought that eating as a family was important and made the effort to do so. Some families watch a favourite TV show together as a change from the normal routine.

Dorothy Do the family usually eat together or so the kids eat separately from the parents?

Parent 1 No we all eat together. I make a bit of an issue of it actually. You know, sit down and eat all together.

Dorothy You eat together, so even like you were saying you prepare four different meals you still eat together?

Parent 1 Yeah turn off the tele, no distractions; you have the family time to eat together.

Parent 2 Oh I've got the tele going because Dad's got to watch the news.

Parent 3 It's easier because our tele is in the lounge, it's separate and the way I've got it, my husband actually sits at the table and eats tea without having to watch the news, otherwise he'd sit in the lounge room and watch the news in there.

Parent 4 We often have tea on Sunday nights in front of the tele, so I always make pizza and we all have pizza on the mat watching Harry's Practice. The rest of the time we always eat at the table.

However for some families, mealtimes were a site of conflict.

We've also got the concept at our house where dinner is – we all sit up together and we discuss our day, you know, and then we have these food fights, you know. It's just a battleground.

Getting the child to even sit up at the table caused huge dramas in some households. Some mothers commented that the presence of the father made the evening meal more stressful, either because the father made more of an issue of the child's eating behaviour or because he distracted the child.

I find he (partner) is not consistent enough, you know, whereas I jump on everything and at breakfast we have no problem she sits there and eats and, you know, and everything, but at teatime when he's there, one day he is jumping on

her back and the next day he's not. It's not fair, you know, you've got to have one rule and you go with that. If you say "no talking" – you know if you say "no" at teatime that's what it should be – not one day you can do it and the next day you can't.

Dorothy *What about teatime?*

Parent 1 *Oh that's the worst time.*

Parent 2 *Yeah the worst time, yeah.*

Dorothy *So why is the worst time do you think?*

Parent 1 *Dad's home.*

Parent 2 *Yeah it's a whole new playtime.*

Dorothy *He distracts the kid?*

Parent 2 *Yeah.*

Dorothy *Does he mean to distract him?*

Parent 2 *No. Well he usually comes home and he sort of takes over the father role – but he still won't sit there and eat.*

One of the big concerns around the evening meal was how to deal with the children who didn't eat all the evening meal. If the child did not eat their main course, should they be allowed to eat anything else?

My son is usually hungry. He's six and at school. My daughter – I'll dish up and she'll say "I don't want that", so I've learnt now we don't have battles – we leave it and she'll either go back to it and have it half an hour/an hour later or she'll have a peanut butter sandwich before bed. It's probably not a good habit, but she's eaten enough then, so I'm happy with that. My son even though he has tea he'll still take an apple to his bed. My youngest usually picks off her father's plate.

Many parents expressed frustration when children refused food at the mealtime then were hungry afterwards. Parents were unsure what to do if the child missed a food group such as the vegetables or meat. How much the parents worried about what the child ate varied, one parent commenting that if the child had eaten well during the day, she didn't worry too much, for others, the amount the child ate was a major concern.

For parents who have more than one child, there were differences between the way the children behaved.

Well I've got one child who'll eat whatever we have. It doesn't matter what it is, he'll eat what we're having. A godsend. Our second child he will only eat potato and carrot. They're the only vegetables he'll touch. So if we're having a meal with – or if we have a stir fry he won't eat that because it's got meat in it. You know he'll only eat chicken nuggets or sausages. So I'll make him a bowl of pasta because I've got past the stage of fighting.

It is significant that single parents were concerned about the table skills of their children. As one separated mother commented when the group was asked about family meals:

That's a hard one for me because there is only the two of us now. I make a real point of going to visit people that it's a sit down meal because his skills with that don't get much practice because it's only me.

Many parents felt frustrated when they go to considerable efforts to ensure the children have a healthy home-cooked meal, and the children do not appreciate it.

Also too you want your children to eat a lovely, you know, nutritious home-cooked meal and you all sit down together and think this is lovely and they just look at it like you've just dumped the – and I find that really disappointing and I guess I'm probably what my parents were. We had to eat what was on our plate and I expect my boys to do the same and if they haven't it gets, you know, like I think at least if they've eaten half that's OK. But then a half hour later or an hour later they're hungry again, so we have all these battles about, you know, whether they get something to eat or not, which usually they do, but I feel guilty because they're hungry. But I just find it absolutely annoying that, yeah, you've cooked a lovely meal and it doesn't, you know, -- I sometimes they don't realise how lucky they are, you know, because sometimes I don't feel like cooking much, but, yeah. I don't know, perhaps I expect a bit too much of them sometimes, but I've sort of got to a happy medium where they get to choose now, you know, a bit more than they did at dinnertime. He likes to have those flat breads that you roll up rice in and he'd probably eat more meat and veggies rolled up in something like that, but the trouble is he wants it every night, so that's a bit of an effort.

According to Douglas (1972), the evening meal is the most structured of the daily food-events. It performs a regulatory function and encourages family stability. Murcott also identified the evening meal as being a “proper meal” essential to health and welfare of the family (Murcott 1982). From the focus groups is obvious that parents do regard the evening meal as the most important from both a nutritional and behavioural viewpoint. It is about this meal that

parents voice most concern if the children do not eat well, reflecting the nutritional importance of the meal's main constituents, meat and vegetables, in the parents' minds. It is also important as the father is likely to be present so food rules are more likely to be enforced. Murcott (1982: 693) points out some of the symbolism of the evening meal when she comments "*the cooked dinner in the end symbolises the home itself, a man's relation to that home and a woman's place in it*". So too does it symbolise children's place in the family, with the idealised image of the family meal with parents and children happily eating together. In reality, the family meal can be extremely stressful and a site of conflict as parents and children assert their power.

6.2.4 Snacking

Snacking has been defined by Nicod (1974) as an unstructured food event in that there are no rules or protocol about what should be eaten together and in what order. It usually involves limited preparation. As discussed in Chapter 2, there have been concerns that snacking is replacing proper meals (Mackenzie 1993). However, in the case of young children, most parents felt that children needed snacks in addition to meals.

Dorothy What about snacking, you know, between meals? Do you let your kids eat between meals? Do you think it's necessary?

Parent 1 I do because otherwise I don't think that he's getting enough food.

Parent 2 And I don't think they'd get through to the teatime if they didn't have those snacks.

Parent 3 It gives them energy and stuff.

Parents appeared quite relaxed about snacks, quite a few mentioned the strategy of having a "picking plate" so children could choose what and when they ate.

At times with a fussy eater it's handy just to have a picking plate -- that's what we have a lot at home. Well just a plate and you can put things on it and it's really great for an older child to learn the difference between what a young child and an older child can eat and the picking plate can be made at breakfast time -- pre-breakfast and just left there.

In contrast some parents were more routine about their children's snacks.

I usually -- morning tea and afternoon tea I usually have a set time which is about 10 and 3 and I usually try give them fruit or they might have a sandwich depending on how they went with lunch. In the afternoon they might end up with a sandwich if they didn't have much lunch and Paula between lunchtime and tea will nag me for food, but then I give her a snack and then she's fine, but I won't give her anything else because she won't eat her tea.

Parents of school-aged children had less control over their children's snacking as they could help themselves to foods that they wanted when they came home from school. This often caused problems at mealtimes.

I think part of one of the problems of that is that we think the children are hungry when we say mealtimes are. When mine come home from school my two older boys the minute they get into the car they'll be into their lunchboxes to finish off what's in there. They'll get home, they'll have an apple, a pear, three or four slices of bread and by 4 o'clock I've got to say "Right, no more eating until teatime" -- teatime is 5.30 -- because they needed that energy, but if I let them keep on going they won't be hungry by teatime. Often they'll look at their tea and they say "Look mum, I'm not really hungry" and I think "Yeah, you've just had x, y, z, and that's why". They're hungry earlier than when teatime is sort of thing, so yeah, I've found that, especially when they're at school, yeah. You know if they've been at school all day and they come home -- because they don't eat as much at school. Yeah they're too busy to eat at school, so they get home and they're starving, so they have this huge feed between 3 and 4 o'clock.

When going out, some parents were well organised and ensured they had healthy snacks on hand, while others used the convenience of packaged foods.

Dorothy *What about when you go out, what do you do about snacks?*

Parent 1 *It's always healthy when we go out.*

Parent 2 *I have cheese sticks and muesli bars and fruit sticks.*

Parent 3 *Yeah and banana.*

Parent 4 *A little packet of -- like I buy a thing of BBQ shapes and I'll put them into containers rather than buying the ten packs and -- because that's pretty much all my kids will eat is junk food. I can get them to eat fruit occasionally, but they've got to be in the mood for fruit.*

Parent 2 *Yeah the same with mine. I used Snackabouts [Commercial packet dips with biscuits and cheese or vegemite] a few weeks ago.*

Parent 3 *Oh those biscuit things.*

Parent 4 *Yeah with the cheese and the vegemite. They'll eat the cheese and the vegemite. They'll eat them both. Lick them off -- out of the scoop -- you can have the biscuits mum.*

Parent 3 That's a very, very expensive way -- that's what I find -- my kids often go for those, especially if I take them shopping like school holidays and the older boys do the shopping with me.

Parent 4 Oh it's expensive.

Because of the unstructured nature of snacks, there were concerns by some parents that snacks given to children were inappropriate and unhealthy.

I think there is so much emphasis is on snack food these days and so much is just junk food really, that people have this really difficult problem deciding between what is snack food and treat, between party food and healthy nutritious snack food. It's a really big confusing messy area.

Snacking can take place inside or outside the home. Within the home, parents feel as though they have more control and time and are more likely to put the effort into giving their children healthy foods. Outside the home, parents feel more pressured to give children convenience or snack foods. Many parents felt that eating snacks interfered with the children's ability to eat "proper meals". The parent's dilemma around snacking tends to be twofold, outside the home whether or not to give their child packet foods which may compromise their nutrition but stops them being different from their peers. The other dilemma is if the parents allow the child to eat when hungry, then they may not eat their "proper meal". This may cause conflict.

6.2.5 Discussion

In this section, I looked at daily food events to see if there were differences with the way that parents and children's interact at different food events and what were the influences. Breakfast was where children were allowed most choice. The main stress tended to be if children resisted by eating slowly when the parents needed to leave the house. Lunches tended to be a problem if consumed in the "public" arena. It was generally thought that The evening meal was thought to be an important part of family life but was often the most difficult with most concern expressed by parents about the children's poor eating. Unlike breakfast, parents did not cite the evening meal as a time when they allowed children choice but the children's food preferences were a

consideration. Snacking was a cause of much angst among parents as it was with this food event that they felt most pressured to include junk foods.

6.3 Parental strategies

From the focus groups, it was clear that parents exert considerable pressure on children to encourage them to eat foods that they wish them to eat. At times, these strategies may work, at other times they are actively opposed by the children. What strategies parents employ to persuade the child eat depends on the parent's skills and needs, and the child's age and behaviour. Some strategies may work with younger children but not with older children. The sort of strategies parents use include;

1. direct use of power and authority where children's preferences are usually disregarded. These strategies include limiting food choices and direct coercion.
2. Indirect use of parental power where there is some recognition of the children's food preferences but parents use their superior knowledge and skills to try to ensure the children consume foods of the parent's choice. These include role modelling, rewarding, trickery, education, encouragement and playing.
3. compromise or defeat where the parents acknowledge the children's rights to make choices and negotiate with children. These include allowing the child to make food choices in some circumstances. Sometimes the parent capitulates and allows the child to eat their food choices. They often justify it in some way.

6.3.1 Direct use of parental power

Limiting food choices

Limiting food choices was found by many parents to be an effective strategy for controlling what their children ate. By giving a small number of choices, especially if they were healthy, the parents were able to reconcile their health concerns while also privileging children's desire for choice. This strategy was used effectively by many parents at breakfast time. For many parents, breakfast

was judged to be the easiest meal for young children as long as the children were not slow eaters.

My kids generally get three choices. They've been trying to get me to buy cocoa pops, and I've been managing to hold off because I feel that once they tried them and like them that's it. So they get weetbix, corn flakes and toast.

Some parents commented that they restricted foods at home, but were less strict when away from home.

I go for the approach that when they go to visit friends or family that's fine and if they do what they do there and they put heaps of sugar on it while they're there I'm not going to fuss about it.

Ellyn Satter, who is well recognised for her books on feeding children (Satter 1986; Satter 1987; Satter 1999), has developed the concept of a "Division of Responsibility" where the parent is responsible for what the child is offered to eat and the child is responsible for how much or whether she/he eats. The strategy of limited healthy choices fits in well with her views. Parents use their power to decide what foods are offered but then allow the child to take responsibility. The idea is to reduce conflict with children and food.

Coercion/rewarding

Coercion is where parents use their power directly by giving rewards, threatening punishment, or even using violence. Many parents reward children for eating foods that the parents prefer and may succeed in getting the children to eat these foods in the short term. However, it has been found that in the long-term, children are less likely to prefer those foods that they get rewarded to eat (Birch, Orlet Fisher et al. 1996).

When the kids go to school I make them sandwiches, a piece of fruit and the carrot or celery.... Like every day I do all the same things over again. They hate it but they know that they've got to eat it because I've told them if they don't eat it, they don't get like a reward. They come home and say "We ate it, can we have something else?" If the kids eat their tea, I always give a reward. They can watch their favourite TV shows, whatever they want there.

If the parents believe that children should obey their parents, coercive strategies may be used in response to a child's resistance. These strategies were used

extensively in previous generations where family structures were authoritarian and there were strict food rules. The consequences of using coercion can be increased conflict around food. The degree of coercion may be quite mild as demonstrated below.

Every now and then I say " You might like it now. Try it" with a few things I do that, I'll give it to him—he would have hated it yesterday, but I say to him "Come on, just have a little taste"

Or parents can, in frustration, resort to violence and threats to force their children to eat.

I remember picking her up and throwing her on the couch one day, she was about 18 months old and I remember the utter frustration that she wouldn't eat whatever was available for her to eat that day.

My cousin was a terrible eater and her parents used to threaten her with the washing machine hose. It was horrible. You know feeding her with tubes. I don't know, maybe forcing down her throat. You know was never-- it was always said in jest, but just the thought of it.

In contemporary society, the use of threats and violence towards children is frowned on. The impression from contemporary parents is that they felt it was "bad" parenting to use threats and violence to make the child eat. The higher perceived level of coercion used by the previous generation could be a result of a more authoritarian style of parenting with an emphasis on formality, or it could be due to selective memories on the part of contemporary parents.

6.3.2 Indirect use of parental power

Parents can use their power indirectly and rely on their hopefully superior knowledge and parenting skills to get their children to eat foods of the parent's preference. Some of these strategies are long-term such as role-modeling and interesting the children around food. Other strategies such as trickery and gameplaying only work in the short term and for young children.

Role Modeling

Role-modeling was thought to be an important strategy for encouraging the children to eat. For some parents, this meant that they had to make changes to their own diets.

Parent 1 I think by example too, like if we're eating breakfast they might want a little, whereas if you don't give it to them or they don't ask for it, well they just won't want it. So they see me getting everything ready and I'm sitting down to eat it, basically they want it.

Dorothy So do both you and your husband eat breakfast?

Parent 2 Umm, but I used to be one of these who never ate breakfast, but to get my kids to eat breakfast I had to eat it.

Role modelling is good example of indirect use of power which is likely to be affective long-term. Parents who feel responsible for their children's health and are not stressed would be more likely to use this strategy.

Interesting children in food.

Some parents were able to foster cooperation from their children if they were more knowledgeable about foods or have had more exposure to it.

I had a real thing with Paula not eating peas, so I grew a patch in the back yard and she ate them raw. She got used to them then. She knew where they came from so she was quite happy to eat peas after that.

Like role-modelling, fostering an interest in food is a strategy some parents use when feeding children. It tends to be a long-term pro-active strategy where a parent uses their power benevolently.

Tricking / misleading

Many parents in the focus groups tried to ensure that children ate certain disliked foods by disguising them. Parents use their greater knowledge to control the child.

My three and a half-year-old hasn't been eating any vegetables, so I mashed the pumpkin and potato together and then put some flour in egg and made pancakes out of it. She started eating them and I thought " Oh this is all right". She doesn't know that there is pumpkin and potato in it.

My kids have always thought dried apricots with lollies. If they rather something sweet, well "here, have a lolly" and you hand them a dried apricot and I still think Mitchell thinks that the dried apricot is a lolly. I don't think he realises yet.

So, yeah and you feel like sometimes you're telling them these lies because, you know, "By eating a lot of broccoli you'll have curly hair or you'll have -- you know because it's good for you" and they will eat it because it's good for you.

When employing these strategies, the parent is using their power reactively when the child dislikes a food. It can however, encourage the child to taste foods. Research has shown that tasting a food many times is necessary for their eventual acceptance of the food (Birch and Fisher 1996). This tactic may work for younger children but not older children.

Game-playing

A short-term strategy that some parents use with small children to encourage them to eat is to play games using food.

I said I was never going to play food games and was never going to do the aeroplane. I didn't want to get into that. People were trying it and I said no and then here I am making the broccoli tree. But I found he will go for two or three days where he won't eat dinner and I think by then he said he had food at care anyway, so I'm not that concerned. But I'd have to dress it up—I have do, you know, do the mashed potato and set all the trees up—make all the carrots smile or into stars or something and I can do just that and then he'll eat pretty well for a few days after that.

We found calling it names like "Bananas in Pyjamas Bread". Ridiculous nonsense and he fell for it. It worked.

This strategy does take time and attention on the parent's part so it is hard to sustain. It can misfire if the child then insists that they won't eat the food without the accompanying entertainment.

With these indirect strategies, parents acknowledge the child's rights to assert themselves but try to use parenting skills to convince the child to eat and behave appropriately. These strategies are seen as "good parenting" in the modern climate of promoting individuality in children. Parents employ different strategies according to their needs at the time. Parents are aware that

strategies that foster cooperation are more desirable in the long term but may lack the patience and skills required.

Compromise

Compromise occurs when the parents acknowledge the children's rights and individuality and either negotiate with the children or defer to their food preferences. Quite often this involves giving them foods that the parents know are not healthy or avoiding foods that the children won't eat. Often the compromise is between making the child eat healthily and having conflict, or deferring to the child's tastes.

Yeah. I think it's is a big thing of compromises. I mean I started off very similar to you when I had the boys -- this is like ten years ago. You know we didn't buy anything that had chemicals and we were really, really determined and I don't know, I suppose we compromised too much and it ended up we lost that balance a little bit, but I still have some pretty strict rules for my kids as far as what is allowed or what's not, but we can buy a box junkie cereal where some others are an absolute no, but that's not for breakfast, that's for, you know, a treat.

Oh when my kids come home like they see other kids around the street eating lollipops they ask "why can't we have one?" so I say "no, no way" but I'll do something like, make toffee apples with Glen and he can have one of those and they last him for ages.

As discussed in Chapter 4.3 on "Changes to Parent's Diets", many parents compromise to children's food preferences by changing their own diets.

Compromising is a strategy that lessens conflict but means parents share power with the children. The strategy involves the parent giving the child something less nutritious than they (the parents) would like but maybe more nutritious than the child wants. If the child accepts the compromise, then conflict is avoided. Parents may feel that they have satisfied the dilemma of respecting the child's preference for "junk" foods by allowing them a healthier but acceptable alternative.

Respect children's food preferences

Some parents respect the rights of their children to express their individuality with food. They recognise that children may be refusing a food because they genuinely do not like the food rather than using food to assert their power.

I've been really lucky because my girls were never a problem to feed, they just like the food. So they were never—it was never a real issue for me. They had their dislikes, but I used to just respect their dislikes because I've got things I don't like and there is no way I would force myself to eat them and I don't see why the kids should have to eat brussel sprouts.

They're also individuals. They have their own taste don't they? I know there was a lot of things when I was young that there was no way I'd eat. I don't think I'd even eat vegetables when I was really young, brussel sprouts and broccoli and all that stuff, but once you get older your tastes start to change.

Some parents will leave it to the child to decide what they want to eat. One of the main reasons cited was the fear that if they were too insistent about the child's eating, they may override the child's natural appetite regulation.

Sometimes this fear was due to parents having their own issues around eating and weight who attributed it to being made to eat as a child. For other parents it was a fear if the child doesn't eat, they are failing in their duties as parents.

I've decided to a large extent to let my daughter to dictate to me what she wants to eat...if you keep shovelling it in you reduce their brain's capacity to say when they are full...

I was very worried with my first child that she would starve if she didn't eat what was offered, it led to me making separate meals of things I knew she liked, it was no good in the long run for eating the family meal. I felt pressured into offering something else and to "give in" to less healthy mid meal request instead of calmly accepting her decision not to eat and being firm in not offering anything else and offering more food next meal time.

Some parents are afraid if there is conflict around food and eating that this is "bad parenting" so will go to some lengths to avoid conflict. In retrospect this mother feels that privileging the child's likes and dislikes was a mistake.

I had heard that children often stopped eating vegies, and when this happened, I largely stopped offering them because I thought this was just a stage, it also contributed to me offering separate meals. In hindsight, it would have been

wiser to keep offering them and accept that her decision not to eat as an expression of control/choice instead of a reflection of my bad mothering.

The different types of power that parents' use depends on their parenting skills and the way that they respond to their children's demands and requests. It is simplistic to believe that parents completely control what or how much their children eat. Parents have the power to control access to food, to refuse or allow requests for particular foods, and to enforce rules with regard to behaviour around food. However children also have considerable, often unacknowledged, power that can be exercised in a number of ways, they can decide whether or not to eat the food provided (it is extremely difficult to physically make a child eat); they can behave badly when presented with food to persuade their parents to offer more preferred foods; and they can exert "pester" power to encourage their parents to buy foods that they prefer.

6.4 Children's strategies

Food events, because of their mundane frequent nature, are used by parents as a site of discipline and normalisation. However children are not passive actors and food events also give children the opportunity to exercise and negotiate power within the family. From the focus groups and the parents' conversations around the issues and problems of feeding young children, it became obvious that children have a repertoire of strategies they use to assert their food preferences. These include;

1. active resistance,
2. passive resistance
3. pester power
4. cooperation

Active resistance

Some children actively resist their parent's efforts to get them to eat, even to the stage that they will throw up. Getting the children to eat becomes a power struggle between the adults and child, with the child able to dictate the terms of their eating. Parents often give in to the child due to the overriding concern

about the effect on the child's health if they don't eat. The nutritional quality of the food takes second place to actually getting the child to eat something, and parents will go to extra effort to ensure there are foods that are acceptable to the child or will compromise and allow the child to have their own way.

Well with him we have tried and tried and tried to the point where he have force fed him and the first thing he will do is throw up all over the table and he can do that like that. To the point where he -- "I don't like broccoli. Broccoli makes me throw up" -- you know because he has thrown up when he has tried broccoli. I just cook him -- for dinner he either has chips or mashed potato or custard that has cheese and tomato puree in it and if it's anything different to that -- like I can occasionally get a pasta sauce -- those Paul Newman ones -- the one that has no lumps because if he comes across a lump suddenly he'll say "I'm not hungry any more" and he will spit it out and he won't even give the rest of it a try. We had him eating sausages, but he hasn't eaten sausages for months now and it's just -- he is just frustrating. So it's almost got the stage now where I make him his food and that's just a side thing.

Children will sometimes take direct action to get the foods they want in defiance of their parents.

I found when I was stuck in the chair feeding the baby, Paula would raid the cupboard and help herself.

If they can't reach it they'll go and get a chair and climb up and get whatever they want.

When children actively resist eating the foods the parents prefer them to eat, they are directly challenging the power of the parents. For children, this strategy will often result in getting their food preferences or a modification of food-rules despite their parents' best intentions, but there is the risk of punishment. Many parents and experts have noted that food refusal happens when the young child asserts themselves as individuals. This period is readily recognised by parents as the "terrible twos". A child may refuse food or cause a fuss around eating either because they genuinely don't want the food as they are not hungry or dislike the food, or it can be solely for the purpose of challenging parental authority. Parents can respond by exerting varying degrees of power ranging from punishing the child, compromising or by acceding to the child's demands.

Passive resistance

With passive resistance, children do not directly challenge their parents, but instead use irritating behaviours to wear their parents down. One often cited behaviour was that of slow eating or eating very little.

He's just slow. Slow -- I mean we've just actually got to the point where we leave the table now and leave him eating, but do I go off the tree because it's really frustrating. It's very frustrating.

Mine eats very little through the day, but I probably do what you do. I go around the house shovelling food into him-- you've gotta eat something.

Because it is not a direct challenge to their authority, many parents find it difficult to deal with. Again the worry for parents is that the child is not eating enough, so they will often compromise the quality of the food or with food rules such as sitting up at the table.

Pester power

Many parents referred to “pester power” where the child initiates a request for certain foods and often continues to do so even after the parents says “no”.

From the child's viewpoint, it is not a direct challenge to parental authority with the possibility of punishment; rather it is an attempt to negotiate for their food preference by making comparisons with their peers.

Every day she'll say "Can I have a biscuit" and I'll say "No, you've got to eat your cereal first and then you can have a biscuit. If you eat all your cereal then you can have a biscuit". But it's always the biscuit asked for first.

It goes down to peer pressure at school too. I found this with my little boy at Kindergarten. He wants what everyone else has got in their lunchbox and it's all processed and we don't have a lot of processed food and he comes home "Why haven't got this or why haven't I got that".

If parents do not give their child the food they want, some children may take direct action to ensure they get the foods they want.

I got called to school when my son was in Grade 1 because he was eating everybody else's lunch. He had only sandwiches and fruit...he was the tallest in the class...the teacher said he was threatening.

The pressure parents feel to give their children packaged convenience foods does not always come directly from the child, but from a parental desire to follow the “norm”. This can pose a dilemma for parents, if they accept the “health” discourse and send their child to childcare, school or playgroup with healthy food, and the “norm” is packaged convenience foods, their child then runs the risk of being different.

Because when they go to like playgroup other kids have packets and that's why I started buying them. I resisted for ages.

Yeah I've got a five year old who has just started prep and she never had like -- well very, very rarely would she have chocolate or, you know, an icy pole, or roll ups. In fact I felt quite a neglectful mother because of the fact that she'd never had a roll up[a type of snack food].

Pester power can be an effective strategy for children to use as parents can be worn down and the child gets what they want.

Cooperation

Getting the child to cooperate with minimal fuss was the ideal as far as parents were concerned. For many parents, this meant not asserting their power but relying on the child's natural appetite mechanisms to dictate what should be eaten.

It makes sense that we have this single mechanism that tells us whether we've had enough" and so I sort of imparted the responsibility to my child to tell me within reason, you know, when she's had enough of her meal and she's is very good -- she is a child and they're all different -- but she's very good at saying "That's it, no more".

...learned not to nag about "eating it all up".

These parents saw their role as providing reasonably healthy food that and the child could eat or not eat as their appetites dictated. This approach is encouraged by contemporary authors such as Ellyn Satter (1986, 1987, 1999) who has written a number of books on children's eating. She promotes a division of power between the adults and children, removing the necessity of conflict. For many parents, it is difficult to relinquish their control of their children's eating, their wish to control their child's eating often centres around

a fear that the child will not eat enough. If food events are “training grounds” for parent/child power relationships then parents may also fear loss of control in other areas of their child's life.

6.5 Discussion

When the child is very young and dependent, parents can exercise considerable control over what their child eats. The majority of feeding takes place in the home environment. Initially there can be considerable angst about whether to bottle or breast-feed and whether or not the mother feels comfortable about breast-feeding in public. The infant can really only exert control as to whether or not it accepts the feeds. As the infant grows, begins to talk and becomes more mobile, she or he is able to assert their preferences. As the child starts attending childcare and school, he or she participates in food consumption within the public arena as well as the private arena. The child is then able to compare their food selection with that of their peers and may use their peers food choices and TV to decide what is “normal”. If the child decides that having “junk” food is “normal “ and they are missing out, they can exert considerable pressure on their parents to provide these foods. This poses a dilemma for the parents as they are responsible for the child's' health but they also want their child to be accepted as “normal” and to fit in with their peers. There needs to be further studies in Australia examining links between status and public consumption of food from children's perspectives.

Family food choice is a dynamic interaction between the parents and children that is played out on many different occasions. The strategies that are used vary between food events and between the players. Figure 4 summarises different strategies that parents and children use to ensure inclusion of their choices in the family diet. It is proposed that assertion of high levels of power by either the parents or the children is more likely to cause conflict around food. The use of high levels of power assertion by parents is likely to happen when parents feel their authority is threatened and include violence, threats and rewards. It may indicate poor parenting skills.

Modern discourses about dealing with children and their eating behaviour emphasises treating children as individuals and allowing them choices. Parents generally want harmony in the home so try to encourage their child to eat by using less controlling strategies such as fostering corporation, allowing the child to determine when they have eaten sufficient, and interesting them in eating. Using these strategies would be seen as using “good” parenting skills. However many parents have also absorbed a discourse about ensuring that the child eats properly and healthily, and are confused or unsure of how to achieve this if the child is actively resisting and behaving badly.

Figure 4 Levels of Power Assertion by parents and children around food

	Power Assertion	Parental strategies	Children's strategies	
Poor Parenting skills	High Level	<ul style="list-style-type: none"> • Violence • Threats/coercion • Rewards 	<ul style="list-style-type: none"> • Active resistance/food refusal • Tantrums • Violence 	Increasing conflict around food
	Medium Level	<ul style="list-style-type: none"> • Game playing • Tricking /misleading 	<ul style="list-style-type: none"> • Passive resistance • Whingeing 	
Good Parenting skills	Low Level	<ul style="list-style-type: none"> • Respect for likes/dislikes • Create interest in food • Compromise • Role-modeling 	<ul style="list-style-type: none"> • Cooperation • Compromise 	Decreasing conflict around food

How receptive parents are to the strategies used by their child to ensure that their food preferences are incorporated into the family diet, is probably dependent on a number of factors including health beliefs of the parents, parenting skills, and strengths of personalities involved. If the parents are confident about what the child should be eating, and have the parenting skills to gain the children's cooperation, it is likely that family diet will be as the parents want it to be. However, if parents are confused about food, have poor parenting skills (or are too tired to use them) or feel that keeping the child happy now is more important than the risks involved with poor diet, it is more likely that the child's food preferences will dictate the family diet. In most families, there is a

degree of compromise between parental and children's food preferences. It is a process of continual negotiation on a daily or even meal-by-meal basis.

Parents' resistance to incorporating children's food preferences are very much shaped by health discourses, while they are encouraged to consider children's food preferences as part of a parenting discourse that encourages individuality.

Coveney (1999) points out that there have been changes in the social attitudes to childhood where children are encouraged to have choices, autonomy and independence. This change is reflected in the changing advice given to parents in child-rearing books about "right" ways to feed children. In the early part of the twentieth century, parental advice about feeding children focused on rules and regimes around food. It was not until after the war that social management of feeding children was discussed. Spock (1955) in his book *"Baby and Childcare"* recognises that feeding children can be a problem. Implicit in his advice was that children should not be merely obedient but that they should be encouraged to be independent and given choices. This theme is also emphasised in contemporary child feeding books. In order to be a "good" parent, parents will often seek out expert knowledge for reassurance or correction of parenting practices.

Within the context of family eating, there is the opportunity for all members to negotiate for power and status on everyday basis. Because of the symbolic nature of food and its emotional dimensions, much of family power struggles are centred around food. Children's power tends to derive from their refusal to eat or their ability to create a fuss when eating which can challenge the authority and power of the parents. Parental power derives from their role as provider and their greater knowledge. Both parents and children can assert their power in various ways and at different levels. The everyday aspect of eating results in a constant juggling and negotiation of power within the family starting at an early age.

Advertising, childcare, and peers all undermine parental power. A child perceived as being over or underweight or having health issues makes it more likely that parents will exert their power over their children's eating. Parents,

who have internalised a discourse about treating the child as an individual, are more likely to allow the child to exercise power.

Children's power in the family appears to be increasing as family structures become less authoritarian and traditional. Contemporary children appear to have more influence in the types of family foods consumed and are generally permitted more choices about what they eat. An increasing affluence and fewer concerns about wastage, has meant that parents are more likely to privilege their children's likes and dislikes.

CHAPTER 7 DISCUSSION

7.1 Introduction

In this chapter, I present the main findings, relate them to sociological theory, acknowledge the limitations of the study, and point out possible future directions for further studies.

In this thesis, I have looked at feeding young children from the parents' perspective and have examined why contemporary parents face dilemmas about feeding their children. Parents are subjected to a multiplicity of discourses about what they should be feeding their children from health experts, from friends and families, the food industry and the media. Parents feel frustrated, confused and guilty, as there is the assumption that parents control or should control their children's eating. Although there is more knowledge about nutrition, this has not made the parents' task of feeding young children easier, as knowledge around food and children's eating is not the parents' sole consideration. Feeding young children is something that occurs many times a day, against a constant background of negotiation, compromise and coercion on the parts of both the parents and the children from an early age. Parental and their children's knowledge, beliefs and behaviours around food are both significantly influenced by contemporary society.

Do changes in feeding children reflect a more fundamental change in the culture of a society? Children are being targeted as consumers from an early age as well as being subjected to nutritional discourses through schools and even childcare centres. Family life is also changing rapidly as more mothers enter into the workforce while their children are very young. This final chapter reviews the thesis in response to the questions; "Why do many parents feel frustrated confused and guilty about feeding their

children? Why aren't parents ensuring that their children eat healthier?"

The chapter also highlights the links between knowledge and power within the family context.

7.2 Main findings

The results from the focus groups and questionnaires demonstrate that feeding children is problematic for parents due to changing societal pressures and discourses. There are multiple dilemmas facing parents about feeding young children ranging from what and how much to feed them, where to get knowledge and how to judge its trustworthiness, how to deal with a food industry that uses sophisticated techniques to encourage children to eat junk, balancing the children's nutrition against more immediate goals of harmony, allowing children to assert themselves but still get them to eat foods of the parent's choices. These dilemmas faced by parents encapsulate many of the dilemmas of human activity and experiences. Food, eating and family relationships are complex areas encompassing many social and cultural issues. Studying how parents feed their children and their issues and concerns demonstrates that families are sites where social and cultural forces can be looked at in context of both agency and wider social patterns.

7.3 Links to social theory

Contemporary parents face many dilemmas when feeding their children as they are subjected to a complex mix of social and cultural discourses. In everyday life, family food choices are subject to a dynamic process of negotiation, compromise, and coercion. To understand these processes better, it is necessary to understand both what is happening within the family and also the societal changes that influence the family. Feeding children in contemporary society is markedly different from previous

generations, yet it is an activity that has always occurred throughout history. This thesis shows how social theories can be used to analyze everyday situations.

In Chapter 2, I reviewed current understandings of the social and cultural influences on family food and included contributions from various disciplines. My findings in this study confirmed what most social researchers in this area have found, and that is, that family food choices take place within a particular historical, social and cultural context. I did not specifically study the effect of the social differentials of gender, SES status, age, ethnicity on the way parents feed their children, but my research confirms that there is a generational difference in feeding children, and that when children are young, women still bear the burden of providing food and doing most of the foodwork. Many parents in the focus groups made concessions to their husband's and children's tastes as mentioned by DeVault (1991), Charles (1988), and Murcott (1983), but some insisted they cooked their choices since they had to do the foodwork. Mealtimes were important to the parents in the focus groups, with the evening meal being the most important, but one fraught with problems as it was thought to be the most important both nutritionally and socially. As has been found in other studies, mealtimes were often a site where family conflicts were manifested. It also appeared that food occasions in the public sphere created a dilemma for parents because it has almost become the "norm" for children to consume "junk" food in public.

Sociological perspectives of knowledge, risk, consumerism, time, self-reflexivity and detraditionalisation were mentioned as possible lenses for explaining why parents feel confused, frustrated and concerned about feeding young children. No single perspective explains the feelings and attitudes of parents although most had something to contribute.

Issues of changing power within society have major implications to parents are alluded to within the results. In Chapter 6 power relations between parents and their children were discussed in detail. Parents are aware of

expert advice about nutrition and feeding young children, and it does set a “norm” against which parents compare themselves as would be posited by a Foucaultian perspective. There is an element of surveillance that is felt by parents and they do want to do the “right” thing. However, it is tempered by the need for children to fit in with their peers and if other children are having unhealthy foods, the parents feel pressured both by their children and society to give it to them. This is useful for explaining some of the parent’s feelings of confusion and anxiety about feeding children. Foucault discusses knowledge as a means of institutionalised control but parents in these focus groups displayed a degree of scepticism about expert knowledge and appeared to rely more on ‘lay’ knowledge for help in many of the practical aspects of feeding children. Expert knowledge does provide the benchmark but parents do not passively accept it. The studies by Backett (1992) who posited that people practised ‘trade-offs’ and weighed up costs and benefits of health related behaviours and opted sometimes for behaviours that were life enhancing rather than health enhancing, does seem relevant to explaining why parents will feed their children foods that they know are unhealthy and go against “expert” advice.

The concept of risk was not often articulated by parents but is present in their general anxieties about whether or not they are feeding their children correctly. The concept of risk is mostly related to the health discourse which has increased parents’ awareness that they need to consider their children’s present and future health. If their children are not eating healthily, then they are at greater risk of poor health. The degree to which parents are influenced by risk discourses is probably shaped by factors such as their children’s health, gender, education, ethnicity, health perceptions and experiences, age and personality. Parents talked of health risks as established facts which reflects the dominance of the cognitive science approach in nutrition. Douglas’s (1992) more functional perspective on risk where she points out that risk perception is cultural, can help explain the discrepancy between what parents and experts perceive as concerns about children’s nutrition. Many parents are very concerned about the effects of

processed foods on their children's behaviour while experts concerns about processed foods are more related to their poor nutrient content and high levels of fat, sugar and salt. The concept of risk was useful to explain some of the anxiety that parents felt around feeding young children.

Many sociologists feel that contemporary society has become less traditional and more individualised (Beck and Beck-Gersheim 1996); (Giddens 1991). Parents in the focus groups encouraged their children to make choices from a fairly early age and often provided different food for children, thus promoting individualism. Family eating has become less traditional both as an event and in the types of foods eaten. Many parents discussed the decreasing formality of meals and changes in types of foods eaten since they were children. The observation that most parents do not feel that they should rigidly enforce food rules may support this, but alternatively this could be due to a change in parenting or an adoption of a new health discourse around appetite control.

Due to the number of choices around food and in response to the pressures on them, parents have had to become more reflexive in their attitudes. This is demonstrated by parents commenting that they treat their children differently from how they were treated. The food industry has contributed to the processes of individualisation, detraditionalisation and reflexivity by providing and promoting a large number of options for family eating. Parents can now cater for, and defer to, their children's food choices in a way that previously was not possible. These sociological concepts can explain some of the confusion that parents feel about feeding young children; they are not supported by traditional practices around feeding children, so have to manage as individuals.

In this study, contemporary parents felt that one of the biggest pressures they faced was that from the food industry promoting junk food to their children. Children as consumers had wants and desires around food that their parents often felt obliged to cater for. The discourse about allowing the child to have choices and respecting their individuality can undermine

the parental knowledge about what the child should eat. Children also are given different foods to adults and there appears to be the perception that some foods such as yoghurts, cordials, high sugar breakfast cereals are marketed as “children’s” foods. The social changes associated with an increasing consumerism, and young children being encouraged to have choices, means that children are active agents participating in and influencing their family’s food choices from an early age. The family is a training ground for them as future consumers.

The observation that time-poor families are out-sourcing food-work by buying processed foods was partly supported by this study. When it came to why children had “junk” food, the amount of time it took to make healthy food was mentioned as a deterring factor. However, there was also the perception that children preferred junk food and that it was the “norm” in the “public” arena for children to eat these foods. Parental attitudes towards using processed foods were related to lack of both time and skills. There was very little mention of children doing more food-work as a strategy to deal with decreased time but this may be because selection criteria for participants in the focus groups was that the children should be under five. It could also be that as the focus groups were held during the daytime, the parents were not working and so there were not the time pressures that many families experience.

It is interesting in view of recent media concerns over child obesity rates, that this was not a major concern for parents in the focus groups. This paradoxical result could be due to a number of factors such as the participants were from higher socio-economic classes where the rate of obesity is less, their children were young (under five) and so obesity was less obvious and more likely to be attributed to “puppy fat” or parents were more interested in the cause “too much junk food” than the result.

The study of families and eating is important sociologically as everybody learns about food initially in a family context. Due to the everyday nature of eating, it also has the potential to reflect societal changes quickly and as

such can be used as a gauge of the relevance and applicability of sociological theories.

7.4 Limitations of study

There are certain limitations to this study which could be addressed through further research. The data for this study was collected primarily from middle-class mothers in rural and urban centres in Tasmania. The information was secondary data which means that the methodological design was not specific for this study. Although information from participants about their education, socio-economic status, nutritional knowledge and beliefs, family dynamics, would have been useful to gauge how much these factors shape parental attitudes and behaviours, it was not collected.

Caution must also be exercised in generalising the results. The parents who participated were self-selected and as such, had a pre-existing interest in nutrition. The participants of the focus group were mostly from Anglo backgrounds as is the general Tasmania population. The participants were all women. It would be of interest, since my focus was on families, if fathers had been included either as part of the focus groups or in separate focus groups to find out some of their concerns and attitudes around feeding young children.

The study tended to ask participants about their perceptions which can be influenced by the data collection process. It can be difficult for people to dissent if everyone else is in agreement. Many of the participants were from small communities and thus could be inhibited in their response as “public” rather than “private” responses are articulated. As it deals with perceptions, there may be a nostalgic aspect to their accounts where there is the perception that modern food supplies are not as healthy as in the days when everybody grew their own stuff and cooked healthy home-made foods. Unhealthy processed foods were unavailable, mealtimes were family events

where the family harmoniously shared the day's events and there wasn't the stress or confusion around children's eating.

Both the collection and the analysis of data in qualitative research tends to be subject to a degree of interpretation by the researcher. In this study, the participants were aware that the researcher was a dietitian and a parent and may have modified their responses.

Although the study does have limitations, it does highlight some interesting aspects of family eating that indicate the need for further studies in this area.

7.5 Applications and implications for further studies

In contemporary society, parents are placed in an impossible position. They cannot trust experts who provide impractical, often conflicting advice, but also they cannot rely on tradition as so much has changed. Children are targeted as consumers which creates demands for "junk" foods but parents are responsible for their children's health and need to feed them the 'right' foods while respecting their choices. Because parents have limited time, they need to use convenience foods but they have concerns about their nutritional value. These parental dilemmas about feeding young children are socially constructed and as such will not be resolved simply by providing more expert knowledge that parents find confusing and impractical.

The results of this study has implications for the practice of health workers and policy around parents of young children. What is needed to help parents around feeding young children include;

- **Practical and accessible nutritional information** This study has shown that many parents find current expert advice inaccessible, confusing and impractical. More effort needs to be made to ensure that advice given to parents by health professionals is clear and practical and that parents have ready access to information when they need it which is not just during working hours. Good access may entail setting up interactive

internet sites or providing 24 hour help lines. Further research needs to be done around how parents access and process information and how they incorporate it into their everyday behaviours.

- Ensuring social support for parents. This study and the one by Graham et al. (1999, 2000a, 2000b) have demonstrated families and friends are important sources of lay knowledge that is accessed by parents when they have problems. In order to help parents, these networks need to be used as a conduit for practical information. Peer education where active community parents and grandparents are trained in nutrition and encouraged and supported to talk to other parents would help overcome some of the barriers to accessing expert knowledge.
- Promote political action to reduce food advertising aimed at children. Food advertising generally promotes unhealthy foods and encourages children to pester parents to have heavily promoted foods included in the family diet. It also promotes peer pressure to have the foods which can undermine parents efforts to feed their children healthily.
- Reduce time-poor families and increase cooking skills of contemporary parents. Policies that promote job sharing or fewer hours at work would help create time for cooking. Cooking needs to be promoted as a family activity.
- Training health workers. Health workers need to have training in order to appreciate the complexities of family eating and to ensure that they are giving appropriate help. Many health professionals have limited understanding of why parents may feel pressured to feed their children unhealthy foods and their attitudes can cause parents to feel judged. Advice given to parents needs to include the whole family, it needs to be practical and problem solving and have a whole diet, i.e. food rather than nutrient approach. The role of children in influencing the family food choices needs to be discussed rather than assuming that children are passive actors. Health promotion initiatives are more likely to work

if they are based on understanding of social processes and work with, not against, lay culture and knowledge.

- **Parenting skills.** Many of the problems that parents have around feeding their children are related to managing children's behaviours. Table 4 looks at ways in which children and parents use power and could assist both parents and health workers to reflect on what is happening to improve parenting skills and reduce conflict around feeding young children.
- **Preventing obesity in children.** There is poor understanding of the processes of family food choices, in particular the links between knowledge, attitudes and practices in the family environment that may contribute to overweight and obesity. This thesis has demonstrated that it is a complex process of negotiation, compromise and coercion on a daily basis with children playing an increasing role. Parents are influenced by social factors other than health considerations when they feed their children. Children are active agents with input into their diets. Although parents do need help with feeding children, society as a whole is obesogenic. Policy needs to address whole of community issues such as physical activity opportunities, food advertising and promotion, and education about food. As this thesis has shown, parents are influenced at sites where their children see what other children eat. If the "norm" is unhealthy foods, they find it difficult not to give their child those foods even though they know that they are unhealthy and risky. Policy makers must be prepared to legislate if necessary, to ensure that the "norms" set are healthy. This may mean ensuring that childcare centres and schools set enforceable rules about foods eaten on the premises and to ensure consistent messages throughout these public places where children are spending an increasing amount of time at earlier ages.
- **Indications for further research about family food.** Most research about family food including this one, has been limited to white middle-class families. More research need to be done on the social and cultural

contexts of family food interactions especially with low income families, blended families, ethnic families, and single parent families. More studies need to be done on the father's impact and influence on the family diet and foodwork, the effect of two working parents, the meaning and symbolism of snacks to children and parents, and the impact of social differentiation on parental attitudes and family food choices.

- Making healthy eating more desirable. In this study, healthy eating was seen by some parents as being more time consuming, less acceptable to children, more difficult when outside the home, and more expensive. Parents need to be helped to see healthy eating as both life and health enhancing.
- Research funding. Coveney (2002) comments that much of the present emphasis on research funding in the area of family food and nutrition tends to be evidence based where the experimental design is rigorous and controlled by manipulating a few variables in a controlled environment. These designs detract from the context where behaviours occur and deny the complexities of the situations. This study has shown that useful practice based evidence can be derived from research considering the social context of family eating.

7.6 Conclusions

This study demonstrates how interactions around family food connect the individual to society. It has shown that parents find feeding young children confusing, frustrating and challenging and that family food interactions are imbued with cultural and social meaning. The aim of this research topic was to provide an understanding of why parents feed their children unhealthy foods despite living in a society where there is ready access to nutritional knowledge and a wide variety of healthy foods is easy to obtain and is relatively inexpensive. The literature review and empirical research demonstrate that parents are subjected to a variety of discourses about

feeding children. In some contexts, the parent favours the child's right to choose over the child's health and recognises that the child may make a life enhancing rather than a health enhancing choice. The expert information about healthy eating is for many parents contradictory, confusing and unhelpful so they often obtain knowledge from accessible friends and family. Neither the parents or the children are passive actors; there are complex processes of negotiation, compromise and coercion exerted on a daily basis against a background of rapid social change. Parents are subjected to a wide variety of food choices which can be both a boon and a problem when it comes to children's eating.

The research area of family food is not only useful from a practical sense but encompasses a wide range of social issues. The fact that eating is a mundane daily event but an event that touched upon so many of societal processes, means that study in this area benefits from a multi-disciplinary approach.

pendix 1

ters of Permission to use data



Mary Mallett
Executive Officer
Playgroup Tasmania
St. John's Ave.
New Town 7008

Dorothy McCartney
21 Washington St.
South Hobart

7/7/04

Dear Dorothy,

Playgroup Tasmania is pleased to give you permission to use the information from the consultations with parents, which were part of the FoodPATCH project, as part of your thesis.

We wish you well with your thesis and would like to congratulate you on this valuable work on issues that are important to Tasmanian parents.

Yours sincerely,

Mary Mallett
Executive Officer
Playgroup Tasmania

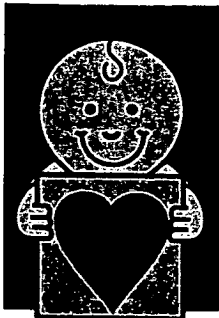


Playgroup Tasmania
Site Office
John's Avenue New Town
Phone/Fax 03 6228 0362
Postal address
Box 147
New Town 7008
Email playgrouptas@vision.net.au

☐ Playgroup Tasmania
North
35 Holbrook Street Invermay
Phone 03 6331 6599
Fax 03 6331 6634
Postal address
PO Box 799
Launceston 7250
e-mail playgroup_north@vision.net.au

☐ Playgroup Tasmania
North West
108 Bird Street Montello
Phone 03 6432 3228
Fax 03 6432 3229
Postal address
PO Box 547
Burnie 7320
e-mail playgroup_nw@vision.net.au

☐ Playgroup Tasmania
South
St John's Avenue New Town
Phone 03 6228 0925
Fax 03 6228 0437
Postal address
PO Box 472
Moonah 7009
e-mail playgroup_south@vision.net.au



CHILD HEALTH ASSOCIATION INC.

29 STRAHAN STREET

NORTH HOBART 7000

All communications should be
addressed to State Co-ordinator

P.O. BOX 366,

ROSNY PARK, TAS. 7018

TELEPHONE (03) 6231 4765
FAX (03) 6231 4749
Email: chatas@iprimus.com.au

8 July 8, 2004

Dorothy McCartney
21 Washington St
South Hobart
TAS 7004

Dear Dorothy,

I am very pleased to give you permission to use data, which was collected by you as dietitian for the FFPATCH, to support your Masters thesis.

You did fantastic work for the FFPATCH and I am pleased this will be of benefit to you in your study.

The Child Health Association would like to wish you great success with your thesis.

Regards,

A handwritten signature in black ink, which appears to read 'Christine Minchin'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Christine Minchin
State Coordinator
Child Health Association Inc.

Appendix

Letters of Permission to use data

References

- ABS (1997). 1995 National Nutrition Survey - Selected Highlights/catalogue no. 4802.0. Canberra:, Australian Bureau of Statistics.
- ABS (1998). National Nutrition Survey: Nutrient intakes and Physical measurements, Australia 1995. Canberra, Australian Bureau of Statistics and Commonwealth Dept Health & Aged Care.
- ABS (1999). National Nutrition Survey: Foods Eaten, Australia 1995. Cat 4804.0. Canberra, Australian Bureau of Statistics and Commonwealth Dept Health & Aged Care.
- Atwater, W. (1888). A Pecuniary of Food. New York, Century.
- Australian Food and Nutrition Monitoring Unit (2001). Type 2 Diabetes Costs in Australia - the potential impact of changes in diet, physical activity and levels of obesity., Commonwealth Dept of Health and Aged Care.
- Australian Institute of Health and Welfare (2002). Australia's Health 2002. Canberra, AIHW.
- Backett, K. and C. Davidson (1992). "Rational or reasonable? Perceptions of health at different stages of life." Health Education Journal 51(2): 55-59.
- Backett, K., C. Davison, et al. (1994). " Lay evaluation of health and healthy lifestyles; evidence from 3 studies." British Journal of General Practice 44: 277-280.
- Baxter, J. H., D. Gibson, et al. (1990). Double Take. Canberra, AGPS.
- Beardsworth, A. and T. Keil (1997). Sociology on the Menu, An Invitation to the study of food and society. London and New York, Foutledge.
- Beck, U. (1992). Risk Society. Towards a New Modernity, SAGE Publications.
- Beck, U. and E. Beck-Gersheim (1996). Individualisation and "Precarious Freedoms": Perspectives and Controversies of a subject-orientated Sociology. DeTraditionalisation, Critical Reflection on Authority and Identity. P. Heelas, S. Lash and P. Norris, Blackwell publishers.
- Beck, U. and E. Beck-Gersheim (2002). Individualisation: Institutionalised Individualism and its Social and Political Consequences. London, Thousand Oaks, New Delhi, Sage Publications.
- Birch, L. L. (1980). "Effects of peer models' food choices and eating behaviuor on pre-schoolers' food preferences." Child Dev 51: 489-96.
- Birch, L. L. and J. A. Fisher (1996). The Role of Experience in the Development of Children's Eating Behaviour. Why We Eat What We Eat. E. D. Capaldi. Washington D.C, American Psychological Association.
- Birch, L. L., J. Orlet Fisher, et al. (1996). The development of childrens eating habits. Food Choice, Acceptance and Consumption. H. I. Meiselman and H. J. H. MacFie. London, Weinheim, New York,

- Tokyo, Melbourne, Madras, Blackie Academic & Professional: 161-206.
- Birch, L. L., S. Zimmerman, et al. (1980). "The influences of social affective context on preschool childrens' food preferences." Child Dev 51: 856-61.
- Bittman, M. (1991). Juggling Time. Canberra, Office of the Status of Women, Department of the Prime Minister and Cabinet.
- Booth, M., T. Chey, et al. (2003). "Change in the prevalence of overweight and obesity among young Australians, 1969-1997." Am. J. Nutr. 77(1): 29-36.
- Bourdieu, P. (1984). Distinction: a Social Critique of the Judgment of Taste. London, Routledge and Kegan Paul.
- Boutelle, K. N., A. S. Birnbaum, et al. (2003). "Associations between perceived family meal environment and parent intake of fruit, vegetables, and fat." Journal of Nutrition Education and Behavior 35(1): 24-29.
- Bradby, H. (1997). Glaswegian Punjabi women's thinking about food. Food, Health and Identity. P. Caplan. London and New York, Routledge.
- Buisson, D. and T. Garrett (1996). Impact of Global Social and Marketing Trends on marketing nutrition with particular reference to the Asia-Pacific region. Food Choice Conference, Adelaide.
- Burgoyne, J. and D. Clarke (1983). You are what you eat: Food and Family Reconstitution. The Sociology of Food and Eating: Essays on the Significance of Food. A. Murcott: 155.
- Burke, P. (2000). A Social History of Knowledge. Cambridge, Polity.
- Byers, P. Y. and J. R. Wilcox (1991). "Focus Groups: a Qualitative Opportunity for Research." The Journal of Business Communication 21(1): 63-77.
- Cade, J. and S. Booth (1990). "What can people eat to meet the dietary goals; and how much does it cost?" J. of Human Nutrition and Dietetics 3(1): 99-207.
- Calnan, M. and S. Cant (1990). "The Social Organisation of Food Consumption: a Comparison of Middle-class and Working class Households." International Journal of Sociology and Social Policy 10(2): 53-79.
- Campbell, K. and D. Crawford (2001). "Family Food environments as determinants of preschool aged children's eating behaviours: implications for obesity prevention policy. A review." Aust. J. of Nutr. Diet. 58(1): 19-25.
- Capaldi, E. D. (1996). Why we eat what we eat: The psychology of eating. Washington D. C., American Psychological Association.
- Caplan, P. (1997). Approaches to the study of food, health and identity. Food, Health and Identity. P. Caplan. London and New York, Routledge: 1-31.
- Caplan, P., A. Keane, et al. (1997). Studying food choice in its social and cultural contexts: approaches from a social anthropological perspective. The Nations Diet. the Social Science of Food Choice. A. Murcott. London and New York, Longman.

- Carter, O. (2004). The Weighty Issue of childhood obesity and television food advertising in Australia. CBRCC Report 040406. Perth, Curtin University.
- Chan, K. and S. Hedges (1995). Food advertising during children's television viewing time, The University of Western Australia. Department of Public Health.
- Chaplin, H. (1999). "Food fight!" American Demographics 21(6): 64-65.
- Charles, N. and M. Kerr (1988). Women, food, and families, Manchester University Press.
- Chee, B. W. L. (2000). Eating Snacks and Biting Pressure: Only children in Beijing. Feeding China's Little Emperors. Food, Children, and Social Change. J. Jing, Stanford University Press: 48-70.
- Children's Health Development Foundation (2003). Facts on TV Advertising to Children, Children's Health Development Foundation. 2003.
- Conner, M., R. Povey, et al. (1993). Understanding dietary choice and dietary change: contributions from social psychology. The Nations Diet.
- Cook, D. T. (2000). "The Other "Child Study": Figuring Children as Consumers in Market Reseach, 1910-1990s." The Sociological Quarterly 41(3): 487-507.
- Cook, P., I. H. E. Ritishauser, et al. (2001). Comparable data on food and nutrient intake and physical measurements from the 1983, 1985, and 1995 National Nutritional Surveys. Brisbane, Australian Food and Monitoring Unit.
- Coveney, J. (1999). The Government of the Table: Nutrition Expertise and the Social organisation of family food habits. A Sociology of Food and Nutrition: A Social Appetite. J. Germov and L. Williams: 259-275.
- Coveney, J. (2000). Food, morals and meaning -the pleasure and anxiety of eating. London and New York, Routledge.
- Coveney, J. (2002). "What does research on Families and food tell us? Implications for nutrition and dietetic practice." Aust. J. Nutr. Diet. 59(2): 113-119.
- Coveney, J. and F. Baum (1996). Socioeconomic status, gender, and family food choice. Multi Disciplinary Approaches to Food Choice; Food Choice Conference. T. Worsley. Adelaide: 61-65.
- Craig, P. and A. S. Truswell (1988). Changes in Food habits when people get married; Anaqlysis of Food Frequencies. Food habits in Australia. A. S. Truswell and M. Wahlqvist. Victoria, Rene Gordon: 94-111.
- Crawford, D. and K. I. Baghurst (1990). "Diet and Health: a national survey of beliefs, behaviours and barriers to change in the community." Aust. J. Nutr. Diet. 47(4): 97-104.
- Crotty, P. (1995). Good Nutrition? fact and fashion in dietary advice, Allen &Unwin.
- Crotty, P. (1999). Food and Class. A Sociology of Food and Nutrition-the Social Appetite. J. Germov and L. Williams, Oxford University press: 135-148.

- Crotty, P., I. Rutishauser, et al. (1992). "Food in Low Income Families." Australian Journal of Public Health 16(2): 168-174.
- Davison, C., S. Frankel, et al. (1992). "The limits of Lifestyle: reassessing 'fatalism' in the popular cultural of Illness prevention." Society of Science and Medicine 34(6): 675-685.
- Denzin, N. (1970). The research act in sociology: a theoretical introduction to sociological methods. New York, McGraw-Hill.
- DeVault, M. L. (1991). Feeding the Family. The Social Organisation of Caring as Gendered Work. Chicago and London, The University of Chicago Press.
- Douglas, J., D (1971). Understanding everyday life. London, Routledge and Kegan Paul.
- Douglas, M. (1972). "Deciphering a Meal." Daedalus 101(1): 61-81.
- Douglas, M. (1992). Risk and Blame: Essays in Cultural Theory. London, Routledge.
- Ellis, R. (1983). The way to a man's heart: food in a violent home. The Sociology of Food and Eating. A. Murcott. Aldershot, Gower.
- Ezzy, D. (2002). Qualitative Analysis: Practice and Innovation, Allen Unwin.
- Falk, P. (1994). The Consuming Body. London, Routledge.
- Fischler, C. (1980). "Food habits, social change, and the nature/culture dilemma." Social Science Information 19(6): 937-953.
- Fischler, P. M., M. Schwartz, et al. (1991). "Brand logo recognition by children aged 3 to 6 years." JAMA 266(22): 3145-8.
- Forsen, T., J. Erikson, et al. (1999). "Growth in utero and during childhood among women who develop coronary heart disease: Longitudinal study." British Medical Journal 319: 1403-1407.
- Foucault, M. (1980). Power/Knowledge- selected interviews and other writings 1972-1977. New York, Pantheon books.
- Francis, L. A., S. M. Hofer, et al. (2001). "Predictors of maternal child feeding style: maternal and child characteristics." Appetite 37: 231-243.
- Germov, J. (1997). "Whetting the Appetite: a taste of the sociology of food and nutrition." Annual Review of Health Social Sciences 7: 35-46.
- Giddens, A. (1991). Modernity and Self Identity, Self and Society in the Late Modern Age, Polity Press.
- Gillis, J. (1996). A World of Their Own Making: Myth, Ritual, and the Quest for Family Values. Cambridge, Massachusetts, Harvard University Press.
- Goody, J. (1982). Cooking, Cuisine and Class, A study in Comparative Sociology, Cambridge University Press.
- Gora, J. (2002). Negotiating Food: Consumption in Primary School (Honours thesis). School of Sociology and Social Work. Hobart, University of Tasmania.
- Grbich, C. (1999). Qualitative Research in Health: An Introduction. St Leonards, Allen and Unwin.
- Grieshaber, S. (1997). "Mealtime Rituals: Power and Resistance in the Construction of Mealtime Rules." British Journal of Sociology 48(4): 649-666.

- Guo, S. S., A. F. Roche, et al. (1994). "The predictive value of childhood body mass index values for overweight at age 35." American Journal of Clinical Nutrition 59: 810-819.
- Hammond, K., A. Wyllie, et al. (1999). "The extent and nature of televised food advertising to New Zealand children and adolescents." Aust and NZ J Public Health 23:1: 49 -55.
- Harding, J. E. (2001). "The Nutritional basis of the foetal origins of adult disease." International J Epidemiology 30: 15-23.
- Harris, M. (1986). Good to eat: riddles of food and culture. London, Allen &Unwin.
- Hill, J. and K. Radimer (1997). "A Content Analysis of Food Advertisements in Television for Australian children." Aust J of Nutr Diet 54: 174-180.
- Hupkens, C., R. Knibbe, et al. (1998). "Class Differences in the Food Rules Mothers impose on their children: A cross-national study." Soc. Sci. Med 47(9): 1331-1339.
- International Food Information Council (1991). "How children are making food choices." International Food Information Council Review.
- International Food Information Council (1992). "Kids Make the Nutritional Grade." International Food Information Council Review.
- Jackson, S. and S. Scott (1999). Risk anxiety and the social construction of childhood. Risk and Sociocultural Theory-New Directions and Perspectives. D. Lupton. Cambridge, Cambridge University press: 86-107.
- Jain, A., S. Sherman, et al. (2001). "Why Don't Low- Income Mothers Worry About their Preschoolers Being Overweight?" Pediatrics 107(5): 1138-1146.
- Kemmer, D., A. S. Anderson, et al. (1998). "Living Together and Eating Together: Changes in Food Choice and Eating Habits during the Transition from Single to Married/Cohabiting." Sociological Review 46(1): 48-72.
- Kerr, M. and N. Charles (1986). "Servers and Providers: the distribution of food within the Family." The Sociological review 34(1): 115-157.
- King, S. (1979). Presentation and the Choice of Food. Nutrition and Lifestyles. M. Turner. London, Applied Science Publishers.
- Kirk, M. and A. Gillespie (1990). "Factors affecting Food Choices of Working Mothers with Young Families." Journal For Nutrition Education 22(4): 161-168.
- Krueger, R. (1994). Focus groups, A Practical Gude for Applied Research. California, Sage Publications.
- Langer, B. (1996). The Consuming Self. Social Self, Global Culture. A. Kellahear. Melbourne, Oxford University Press: 57-68.
- Levi-Strauss, C. (1965). "'Le Triangle culinaire'." L'arc 26: 19-29.
- Lupton, D. (1996). Food, the body and the self, Sage Publication.
- Lupton, D. (1999). Risk, Routledge, London and New York.
- Mackenzie, M. (1993). "Is the Family Meal Disappearing?" The Journal of Gastronomy 7(1): 35-45.
- Magarey, A. M., L. A. Daniels, et al. (2001). "Prevalence of overweight and obesity in Australian children and adolescents: reassessment of 1985

- and 1995 data against new standard international definitions." Med J Aust 174(11): 561-4.
- Mannheim, K. (1929). Ideology and Utopia:and Introduction to the Sociology of Knowledge. London, Keagan Paul.
- McAllister, M., K. Baghurst, et al. (1994). "Financial costs of healthy eating:a comparison of three different approaches." J. Nutr.Ed 26: 131-9.
- McCarthy, E. D. (1996). Knowledge as Culture-the new sociology of knowledge. London and New York, Routledge.
- McCracken, G. (1988). The long Interview. California, Sage Publications.
- McIntosh, W. A. (1996). Sociologies of Food and Nutrition. New York and London, Plenum Press.
- McWinnie, J. and P. Carter (1993). Eating Out in Adelaide;how easy it is it? Australian Community Health Association, Fourth National Conference.
- Medical Research Council Vitamin Research Group (1991). "Prevention of Neural Tube Defects: Results of the Medical Research Vitamin Study." Lancet 338: 131-137.
- Mennell, S. (1985). All manner of Food; Eating and taste in England and France from the Middle Ages to the Present, Oxford, Basil Blackwell.
- Mennell, S., A. Murcott, et al. (1992). "The Sociology of Food: Eating, Diet and Culture." The Journal of the International Sociological Association 40(2 Autumn): 1-146.
- Miller, D. (2001). The Dialectics of Shopping. Chicago and London, The University of Chicago press.
- Morgan, R. and R. Krueger (1998). The Focus Group Kit, Sage Publications.
- Morton, H. (2003). Preventing Childhood obesity, time to tackle food advertising practices, Children's Health Development Foundation.
- Murcott, A. (1982). "On the Social Significance of the "Cooked Dinner" in South Wales." Social Science information 21(4-5, Aug-Oct): 677-696.
- Murcott, A. (1983). Cooking and the cooked:A note on the domestic Preparation of meals. The Sociology of Food and Eating - Essays on the Sociological Significance of food. A. Murcott. Aldershot, Gower.
- Murcott, A. (1988). "Sociological and Social Anthropological Approaches to Food and Eating." Wld Rev.Nutr. Diet., 55: 1-40.
- Murcott, A. (1997). Family Meals - A thing of the Past? Food, Health, and Identity. P. Caplan. London and New York, Routledge.
- National Health and Medical Research Council (1981). Report on the Working Party on Television Advertising Directed to Children. Canberra, Australian Government Publishing Service.
- National Health and Medical Research Council (1995). Dietary Guidelines for Children and Adolescents in Australia.
- National Health and Medical Research Council (2003). Dietary Guidelines for Children and Adolescents in Australia.

- Nelson, T. (1994). *Family Food Panel Management Summary*. Epsom, Surrey, Taylor Nelson House.
- Nestle, M. (2003). *Food politics*. Berkely, Los Angeles, London, University of California Press.
- NSW Childhood Obesity Summit (2002). NSW Childhood Obesity Summit.
- Ochs, E., C. Pontecorvo, et al. (1996). "Socializing Taste." *Ethnos* 61(1-2): 7-46.
- Orbach, S. (1988). *Fat is a Feminist Issue*. London, Hamlyn.
- Peterson, A. and D. Lupton (2000). *The New Public Health, Health and Self in the Age of Risk*, Allen & Unwin.
- Pill, R. (1983). *An Apple a Day. Some reflections on Working Class Mothers Views on Food and Health. The Sociology of Food and Eating: Essays on the Sociological Significance of Food*. A. Murcott. Aldershot, Gower.
- Pine, K. J. and A. Nash (2003). "Barbie or Betty? Pre-school children's preferences for branded products and evidence for gender linked differences." *J Dev Behav Pediatr* 24(4): 219-24.
- Roos, E., E. Lahelms, et al. (1998). "Gender, socio-economic status and family status as determinants of food behaviours." *Soc. Sci. Med* 46: 1519-29.
- Rozin, P., C. Fischler, et al. (1999). "Attitudes to Food and the role of food in Life in the USA., Japan, Flemish Belgium and France: Possible Implications for the Health-Diet Debate." *Appetite* 33: 163-180.
- Santich, B. (1992). "The Incompatibility of Nutrition Ideals with Low Income." *Food Australia* 44(5): 230-234.
- Satter, E. M. (1986). "The feeding relationship." *J. Amer. Dietetic Assoc* 86(3): 352-356.
- Satter, E. M. (1987). *How to Get your child to eat... But not too much*. Palo Alto, California, Bull Publishing Company.
- Satter, E. M. (1999). *Secrets of Feeding a Healthy Family*. Madison USA, Kelcy Press.
- Schafer, R. and E. Schafer (1989). "Relationship between Gender and Food Roles in the Family." *Journal of Nutrition Education* 21(3): 119-126.
- Sinaiko AR, Donahue RP, et al. (1999). "Relation of weight and rate of increase in weight during childhood and adolescence to body size, blood pressure, fasting insulin and lipids in young adults." *Circulation* 99: 1471-6.
- Skinner, J., B. R. Carruth, et al. (1998). "Toddler's food preferences: concordance with family member's preferences." *J. Nutr. Ed* 30: 17-22.
- Sloane, A. E. (1994). "Ten Top trends to Watch and Work On." *Food Technology July*: 89-100.
- Stehr, N. (1994). *Knowledge Societies*. London, Thousand Oaks, New Delhi, Sage publications.
- Steinberg, S. and J. Kincheloe (1997). *Kinderculture: the Corporate Construction of Childhood*. Boulder, Westview Press.
- Strategic Analysis and Research Unit (2001). *Children in Tasmania. Research and Analysis, Paper No 7*. Hobart.

- Turner, B. S. (1992). Regulating Bodies: Essays in Medical Sociology. London, Routledge.
- Twigg, J. (1983). Vegetarianism and the Meanings of Meat. The Sociology of Food and Eating: Essays on the Sociological Significance of Foods. A. Murcott.
- Waters, E. and L. A. Baur (2003). "Childhood obesity; modernity's scourge." MJA 178(9): 422-423.
- Whelan, A., N. Wrigley, et al. (2002). "Life in a 'Food Desert'." Urban Studies 39(11): 2083-2100.
- Williams, P. (2002). "What Australians eat for breakfast:an analysis of data from the 1995 National Nutrition Survey." Nutrition and Dietetics 59(2): 103 -112.
- Williams, P. (2003). Examining Food Fears. Nutrition Today, Equal100 to have: 1.
- Woodward, D., F. Cumming, et al. (1992). Does Television affect Teenagers Diets? Proceedings of Nutrition Society of Australia.
- Woodward, D. R. (1986). "Wht influences adolescent food intakes?" Human Nutrition:Applied Nutrition 40A: 185-194.
- Worsley, A. (1988). "Co-habitation-gender effects on Food consumption." Int J Biosoc Res 10: 107-122.
- Worsley, A. and D. Leitch (1981). "Students' perception of favourite and disliked foods." J. Human Nut. 35: 173-187.
- Yuhua, G. (2000). Family Relations: The Generation Gap at the Table. Feeding China's Little Emperors. Food, Children, and Social Change. J. Jing, Stanford University press: 94-113.